

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

REPUBLICAN NATIONAL COMMITTEE

ADDRESS (number and street)

310 FIRST STREET SE

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00003418

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

03

01

2009

through

03

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr Randall Pullen

Signature of Treasurer

Electronically Filed by Mr Randall Pullen

Date

05

22

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
REPUBLICAN NATIONAL COMMITTEE

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	15158787.07
(b) Cash on Hand at Beginning of Reporting Period .....	24001809.02	
(c) Total Receipts (from Line 19) .....	6856391.32	25284071.93
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	30858200.34	40442859.00
7. Total Disbursements (from Line 31) .....	6918205.69	16502864.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	23939994.65	23939994.65
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
	04 20 2009	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

REPUBLICAN NATIONAL COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1594728.27	4121421.70
(i) Itemized (use Schedule A) .....	5021736.94	13274289.79
(ii) Unitemized .....	6616465.21	17395711.49
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	0.00	0.00
(b) Political Party Committees .....	122500.00	257500.00
(c) Other Political Committees (such as PACs) .....	6738965.21	17653211.49
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤		
12. Transfers From Affiliated/Other Party Committees .....	107030.36	7459241.47
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	10371.95	165642.58
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5952.59
17. Other Federal Receipts (Dividends, Interest, etc.) .....	23.80	23.80
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	6856391.32	25284071.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6856391.32	25284071.93

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4663614.48	13367644.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	4663614.48	13367644.76
22. Transfers to Affiliated/Other Party Committees.....	2210103.36	2638703.36
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2968.80
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	-17807.15	100218.43
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	60195.00	348129.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	45000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	60195.00	393129.00
29. Other Disbursements.....	100.00	200.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6918205.69	16502864.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6918205.69	16502864.35



**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	6738965.21	17653211.49
34. Total Contribution Refunds (from Line 28(d)) .....	60195.00	393129.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6678770.21	17260082.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4663614.48	13367644.76
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	10371.95	165642.58
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4653242.53	13202002.18

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Scott G Abadie

Mailing Address 401 Tiffany

City

River Ridge

State

LA

Zip Code

70123-1541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Abadie Veterinary Hospital

Occupation  
Veterinarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00001

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Scott G Abadie

Mailing Address 401 Tiffany

City

River Ridge

State

LA

Zip Code

70123-1541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Abadie Veterinary Hospital

Occupation  
Veterinarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00002

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Anna Abers

Mailing Address 4600 Via Dolce  
Apartment 306

City

Marina Del Rey

State

CA

Zip Code

90292-6775

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00003

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

Form/Schedule : **SA11AI**

Transaction ID :

Regarding negative receipts listed on line 11(a)(i) with the description of 'ACH Return', these are interbank clearing of electronic payments processed by the Automated Clearing House (ACH) network of participating banks and the Federal Reserve. These are returns of contributions by individuals which have been deducted from our credit card merchant account or bank account by the credit card company or bank.

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Abrams

Mailing Address 16 Hudson Street  
 Apartment 6D

City State Zip Code  
 New York NY 10013-3886

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Abbeville Press

Occupation  
 Book Publisher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00004

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Albert Abrevaya

Mailing Address 171 Windermere Dr.

City State Zip Code  
 Blue Bell PA 19422-1455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00005

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Mike & Mary Abroe

Mailing Address 212 Woodbine Avenue

City State Zip Code  
 Wilmette IL 60091-3332

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Milliman

Occupation  
 Consulting Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00006

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Abrutz, Jr.

Mailing Address P.O. Box 308

City

Cameron

State

MO

Zip Code

64429-0308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cameron Regional Medical  
Center

Occupation

Hospital Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai00007

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Accurso

Mailing Address 2801 7Th Avenue S.W.

City

Austin

State

MN

Zip Code

55912-5522

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai00008

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David E. Adams

Mailing Address 19515 S.W. 48Th Avenue

City

Tualatin

State

OR

Zip Code

97062-7708

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Geffen Mesher & Company

Occupation

CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 9

Transaction ID: 2009M04L11ai00009

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth H. Adams

Mailing Address 1016 Empeyrean Way  
 # 204

City State Zip Code  
 Los Angeles CA 90067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00010

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth H. Adams

Mailing Address 1016 Empeyrean Way  
 # 204

City State Zip Code  
 Los Angeles CA 90067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai00011

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Jean C. Adams

Mailing Address P.O. Box 687

City State Zip Code  
 Wilson WY 83014-0687

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00012

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lex W. Adams

Mailing Address P.O. Box 19696

City

Reno

State

NV

Zip Code

89511-2404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00013

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Peter H. & Diane Adams

Mailing Address 1065 Westridge Avenue

City

Danville

State

CA

Zip Code

94526-4827

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00014

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Barbara C. Adkins

Mailing Address 3775 Jackson Bend Dr.

City

Louisville

State

TN

Zip Code

37777-3775

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00015

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Patricia Adkins

Mailing Address 302 S. Main Street

City

Palmer

State

TX

Zip Code

75152-9564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00016

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Patricia Adkins

Mailing Address 302 S. Main Street

City

Palmer

State

TX

Zip Code

75152-9564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00017

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mohammad Afaneh

Mailing Address P.O. Box 451614

City

Ft Lauderdale

State

FL

Zip Code

33345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Pharmacy

Occupation  
C E O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00018

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mohammad Afaneh

Mailing Address P.O. Box 451614

City

**Ft Lauderdale**

State

**FL**

Zip Code

**33345**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Pharmacy

Occupation

**C E O**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2000.00**

Date of Receipt

**03 / 20 / 2009**

**Transaction ID: 2009M04L11ai00019**

Amount of Each Receipt this Period

**1000.00**

**B.**

Full Name (Last, First, Middle Initial)

Dr. Arthur S. Agatston

Mailing Address 1691 Michigan Avenue  
Suite 500

City

**Miami Beach**

State

**FL**

Zip Code

**33139-2559**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

**Self-Employed**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03 / 31 / 2009**

**Transaction ID: 2009M04L11ai00020**

Amount of Each Receipt this Period

**500.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Abdu Aghzafi

Mailing Address 113 St Edward Place

City

**Palm Beach Gardens**

State

**FL**

Zip Code

**33418-4606**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation

**Ret.**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**660.00**

Date of Receipt

**03 / 11 / 2009**

**Transaction ID: 2009M04L11ai00021**

Amount of Each Receipt this Period

**440.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1940.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Henriette C Aghzafi

Mailing Address 113 St Edward Place

City

Palm Beach Gardens

State

FL

Zip Code

33418-4606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00022

Amount of Each Receipt this Period

440.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Ahlers

Mailing Address 722 W. McLellan Road

City

Mesa

State

AZ

Zip Code

85201-2123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00023

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mary B. Ahlgren

Mailing Address 602 N. 3Rd Street

City

LeClaire

State

IA

Zip Code

52753-9407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00024

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. W. James Aiken, Jr.

Mailing Address 3020 Scottish Rite Lane

City

**Sewickley**

State

**PA**

Zip Code

**15143-2420**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**700.00**

Date of Receipt

**03 / 06 / 2009**

**Transaction ID: 2009M04L11ai00025**

Amount of Each Receipt this Period

**200.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Herbert Ailes

Mailing Address 129 Bufflehead Drive

City

**Kiawah Island**

State

**SC**

Zip Code

**29455-5738**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 09 / 2009**

**Transaction ID: 2009M04L11ai00026**

Amount of Each Receipt this Period

**250.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Heino Ains

Mailing Address 61 Highbrook Ave.

City

**Pelham**

State

**NY**

Zip Code

**10803-1713**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**03 / 06 / 2009**

**Transaction ID: 2009M04L11ai00027**

Amount of Each Receipt this Period

**300.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**750.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John M. Airy

Mailing Address 17207 N. Boswell Blvd.  
 Apartment 106

City State Zip Code  
 Sun City AZ 85373-3001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00028

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael Aki

Mailing Address P.O. Box 378

City State Zip Code  
 Lawai HI 96765-0378

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hawaii Partition Systems

Occupation  
Constuctuion

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00029

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Jane G. Akin

Mailing Address 55 Hillcrest Road

City State Zip Code  
 Weston MA 02493-2020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00030

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 17 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James C. Alban, III

Mailing Address 3908 N. Charles Street

City

Baltimore

State

MD

Zip Code

21218-1799

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00031

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert H. Alcorn

Mailing Address 200 Midland Drive

City

Pinehurst

State

NC

Zip Code

28374-8255

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00032

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James J Alex

Mailing Address 1 Shore Lane  
No. 2701

City

Jersey City

State

NJ

Zip Code

07310-2080

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ernst & Young Lp

Occupation  
Lawyer/Partner/Principle

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00033

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Ms. Darleen Alexander

Mailing Address 7316 Village 7

City State Zip Code  
 Camarillo CA 93012-6926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00034

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mrs. Jean Alexander

Mailing Address 645 Brookline Place

City State Zip Code  
 Fullerton CA 92835-2772

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00035

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mrs. Marci R. Alexander

Mailing Address 37605 E. Jim Owens Road

City State Zip Code  
 Oak Grove MO 64075-8138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Life Insurance Company

Occupation  
Avp Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00036

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Shane C. Alexander

Mailing Address 870 N. Peytonville Avenue

City

Southlake

State

TX

Zip Code

76092-5832

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
X.T.O. Energy, Inc.

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00037

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Deborah K. Alfano

Mailing Address 2898 Fairfield Drive

City

Allentown

State

PA

Zip Code

18103-5412

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00038

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary Alger

Mailing Address 7452 Foxfire Drive

City

Crystal Lake

State

IL

Zip Code

60012-1608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00039

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 1940  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Theodore C. & Emme H Allebes

Mailing Address 8833 Barrister Lane

City

Fair Oaks

State

CA

Zip Code

95628-6350

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00040

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bruce Allen

Mailing Address 2708 Harborside Drive

City

Granbury

State

TX

Zip Code

76048-2694

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00041

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles S. Allen, Jr.

Mailing Address 6304 Godfrey Drive

City

Raleigh

State

NC

Zip Code

27612-6735

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N.C. Farm Bureau Mutual  
Insurance Comp

Occupation  
Litigation Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00042

Amount of Each Receipt this Period

255.00

**SUBTOTAL** of Receipts This Page (optional) .....

1305.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Douglas L. Allen

Mailing Address 10811 Rosemont Court

City

Fort Myers

State

FL

Zip Code

33908-2842

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00043

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth Dee Allen

Mailing Address 6218 Chisom Trail

City

Tyler

State

TX

Zip Code

75703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00044

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Forrest J. Allen

Mailing Address 22 Sandingham Way

City

The Woodlands

State

TX

Zip Code

77384-4490

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00045

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. George H. Allen

Mailing Address 2799 South Downing Street

City

Englewood

State

CO

Zip Code

80113-1774

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00046

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James P. Allen

Mailing Address 108 S. Mc Cadden Place

City

Los Angeles

State

CA

Zip Code

90004-1052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00047

Amount of Each Receipt this Period

285.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert E. Allen

Mailing Address 1908 Sawmill Creek Road

City

Sitka

State

AK

Zip Code

99835-1049

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00048

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

785.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Uzerne W. Allen, Jr.

Mailing Address 536 Happ Road

City

Northfield

State

IL

Zip Code

60093-1112

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00049

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Allenburg

Mailing Address 6621 Minnewashta Parkway

City

Excelsior

State

MN

Zip Code

55331-9657

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00050

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stuart Allhands

Mailing Address 8675 Pine Run

City

Daphne/Spanish For

State

AL

Zip Code

36527-8637

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00051

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Deborah Allik

Mailing Address 2260 Seaside Street

City

Vero Beach

State

FL

Zip Code

32963-3131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00052

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. A. W. Allison, U.S.N. (Re

Mailing Address 3613 Sea Horse Way

City

Virginia Beach

State

VA

Zip Code

23452-3721

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00053

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert N. Almon

Mailing Address P.O. Box 2687

City

Tuscaloosa

State

AL

Zip Code

35403-2687

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00054

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

540.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Alton W. Almquist

Mailing Address 3942 Cowell Blvd.

City

Davis

State

CA

Zip Code

95618-4391

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00055

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Alton W. Almquist

Mailing Address 3942 Cowell Blvd.

City

Davis

State

CA

Zip Code

95618-4391

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00056

Amount of Each Receipt this Period

295.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Almquist

Mailing Address 4527 Magnolia Bridge Rd.

City

Charlotte

State

NC

Zip Code

28210-4337

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carmel Family Physicians

Occupation  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00057

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

570.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James M. Alsup

Mailing Address 300 N. Marienfeld Street  
Suite 700

City State Zip Code  
**Midland TX 79701-4322**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lynch, Chappell, & Alsup,  
P.C.

Occupation  
**Attorney**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 25 2009**

**Transaction ID: 2009M04L11ai00058**

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert M. Alt

Mailing Address P.O. Box 8559

City State Zip Code  
**Bartlett IL 60103-8559**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 16 2009**

**Transaction ID: 2009M04L11ai00059**

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert M. Alt

Mailing Address P.O. Box 8559

City State Zip Code  
**Bartlett IL 60103-8559**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 20 2009**

**Transaction ID: 2009M04L11ai00060**

Amount of Each Receipt this Period

330.00

**SUBTOTAL** of Receipts This Page (optional) .....

555.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Roger & Scotia Alves

Mailing Address 3283 Calle De Debasa

City

Camarillo

State

CA

Zip Code

93010-8337

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00061

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Linda Alvord

Mailing Address 1538 Bedford

City

Clovis

State

CA

Zip Code

93611-6606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fresno Unified School Dis-  
trict

Occupation

Teacher

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00062

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Dorothy T. Amador

Mailing Address 163 Pinefield Drive

City

Sanford

State

FL

Zip Code

32771-6813

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00063

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Clinton Guy Ames, Jr.

Mailing Address P.O. Box 137

City

Point Clear

State

AL

Zip Code

36564-0137

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00064

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gene L. Ames, III

Mailing Address P.O. Box 90555

City

San Antonio

State

TX

Zip Code

78209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Nordan Trust

Occupation  
Geologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00065

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Donald J. & Sharon Amis

Mailing Address 707 Buck Avenue

City

Vacaville

State

CA

Zip Code

95688-3513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Department Of State

Occupation  
Diplomatic Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00066

Amount of Each Receipt this Period

230.00

**SUBTOTAL** of Receipts This Page (optional) .....

3030.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jacqueline Ammirata

Mailing Address 70 Meadowfarm Road

City

East Islip

State

NY

Zip Code

11730-2909

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00067

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John C. Amoroso

Mailing Address 32 Church Street

City

Westborough

State

MA

Zip Code

01581-1923

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00068

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael Anaclerio

Mailing Address 306 Colleton Avenue S.E.

City

Aiken

State

SC

Zip Code

29801-7102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Smith Barney

Occupation  
Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00069

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Carl Anderson

Mailing Address P.O. Box 644

City

Reading

State

PA

Zip Code

19608-0944

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00070

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Doctor David G. Anderson

Mailing Address 1526 Perdita Way

City

Greer

State

SC

Zip Code

29650-4565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Advanced Surgical Associa-  
tes

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00071

Amount of Each Receipt this Period

255.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Diane Anderson

Mailing Address 11 Shadow Creek Dr.

City

North Las Vegas

State

NV

Zip Code

89081-2404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00072

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1755.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dion Anderson

Mailing Address 1016 Holly Road

City

**Santa Paula**

State

**CA**

Zip Code

**93060-1226**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
**Actor**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**270.00**

Date of Receipt

**03 / 17 / 2009**

**Transaction ID: 2009M04L11ai00073**

Amount of Each Receipt this Period

**120.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Edor G. Anderson, Jr.

Mailing Address 2342 Hogan Way

City

**Oceanside**

State

**CA**

Zip Code

**92056-3711**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**03 / 05 / 2009**

**Transaction ID: 2009M04L11ai00074**

Amount of Each Receipt this Period

**120.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City

**Alexandria**

State

**VA**

Zip Code

**22315-5850**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc9

Occupation  
**Marketing9**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**560.00**

Date of Receipt

**03 / 06 / 2009**

**Transaction ID: 2009M04L11ai00075**

Amount of Each Receipt this Period

**5.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**245.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
 404

City State Zip Code  
 Alexandria VA 22315-5850

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Rnc9

Occupation  
 Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00076

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
 404

City State Zip Code  
 Alexandria VA 22315-5850

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Rnc9

Occupation  
 Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00077

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
 404

City State Zip Code  
 Alexandria VA 22315-5850

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Rnc9

Occupation  
 Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00078

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

15.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 1940

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
 404

City State Zip Code  
 Alexandria VA 22315-5850

FEC ID number of contributing  
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**C**

Name of Employer  
Rnc9

Occupation  
Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00079

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
 404

City State Zip Code  
 Alexandria VA 22315-5850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc9

Occupation  
Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00080

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
 404

City State Zip Code  
 Alexandria VA 22315-5850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc9

Occupation  
Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00081

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

15.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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**C**

Name of Employer  
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Occupation  
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Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00082

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
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City State Zip Code  
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FEC ID number of contributing  
 federal political committee.

**C**

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 Rnc9

Occupation  
 Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00083

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
 404

City State Zip Code  
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FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Rnc9

Occupation  
 Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00084

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

15.00

**TOTAL** This Period (last page this line number only) .....

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Occupation  
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Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00085

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

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Mailing Address 6547 Grange Lane  
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federal political committee.

**C**

Name of Employer  
Rnc9

Occupation  
Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00086

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

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 404

City State Zip Code  
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FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc9

Occupation  
Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00087

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

15.00

**TOTAL** This Period (last page this line number only) .....

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**C**

Name of Employer  
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Occupation  
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Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00088

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

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Mailing Address 6547 Grange Lane  
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**C**

Name of Employer  
Rnc9

Occupation  
Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00089

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

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federal political committee.

**C**

Name of Employer  
Rnc9

Occupation  
Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00090

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

15.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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federal political committee.

**C**

Name of Employer  
Rnc9

Occupation  
Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00091

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
 404

City State Zip Code  
 Alexandria VA 22315-5850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc9

Occupation  
Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00092

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
 404

City State Zip Code  
 Alexandria VA 22315-5850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc9

Occupation  
Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00093

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

15.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 38 / 1940

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Mailing Address 6547 Grange Lane  
 404

City State Zip Code  
 Alexandria VA 22315-5850

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Rnc9

Occupation  
 Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00094

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
 404

City State Zip Code  
 Alexandria VA 22315-5850

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Rnc9

Occupation  
 Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00095

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
 404

City State Zip Code  
 Alexandria VA 22315-5850

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Rnc9

Occupation  
 Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00096

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

15.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 39 / 1940

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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**C**

Name of Employer  
Rnc9

Occupation  
Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00097

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

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 404

City State Zip Code  
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FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc9

Occupation  
Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00098

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
 404

City State Zip Code  
 Alexandria VA 22315-5850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc9

Occupation  
Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00099

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

15.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 1940

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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**C**

Name of Employer  
Rnc9

Occupation  
Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00100

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
 404

City State Zip Code  
 Alexandria VA 22315-5850

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federal political committee.

**C**

Name of Employer  
Rnc9

Occupation  
Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00101

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
 404

City State Zip Code  
 Alexandria VA 22315-5850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc9

Occupation  
Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00102

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

15.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 1940

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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City State Zip Code  
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**C**

Name of Employer  
 Rnc9

Occupation  
 Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00103

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
 404

City State Zip Code  
 Alexandria VA 22315-5850

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Rnc9

Occupation  
 Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00104

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
 404

City State Zip Code  
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FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Rnc9

Occupation  
 Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00105

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

15.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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**C**

Name of Employer  
Rnc9

Occupation  
Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00106

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
 404

City State Zip Code  
 Alexandria VA 22315-5850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc9

Occupation  
Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00107

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
 404

City State Zip Code  
 Alexandria VA 22315-5850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc9

Occupation  
Marketing9

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00108

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

35.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Erik Anderson

Mailing Address 640 Aaron Avenue

City

Springville

State

UT

Zip Code

84663-1544

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
J-U-B Engineers Inc.

Occupation

Cadd Tech/Draftsman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00109

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jack Anderson

Mailing Address 18849 Harbor Side Blvd.

City

Montgomery

State

TX

Zip Code

77356-3223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Mfg Sales Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00110

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Jean Anderson

Mailing Address 14210 Arbolitos Drive

City

Poway

State

CA

Zip Code

92064-6440

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00111

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Raymond E. Anderson

Mailing Address 6221 S. Racine Circle

City

Englewood

State

CO

Zip Code

80111-6427

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
S.E.A.K.R. Engineering,  
Inc.

Occupation

Corporation President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00112

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Rex Anderson

Mailing Address 1915 490Th Avenue

City

Ringsted

State

IA

Zip Code

50578

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00113

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thurman C. Anderson

Mailing Address 12337 N. Fairway Heights Drive

City

Mequon

State

WI

Zip Code

53092-2267

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00114

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thurman C. Anderson

Mailing Address 12337 N. Fairway Heights Drive

City

Mequon

State

WI

Zip Code

53092-2267

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00115

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles Andreas

Mailing Address N483 20th Rd

City

Neshkoro

State

WI

Zip Code

54960-6484

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00116

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John S. Andrenacci

Mailing Address 2634 S. Warnock Street

City

Philadelphia

State

PA

Zip Code

19148-4419

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Horizon Health

Occupation  
Mental Health Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00117

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gregory Andrews

Mailing Address 216 Butternut Drive

City

Fredericksburg

State

VA

Zip Code

22408-1511

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Army

Occupation

United States Army Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00118

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Michael L. Andrews

Mailing Address 80 Mc Kinley Springs Road

City

Prosser

State

WA

Zip Code

99350-9307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00119

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Wilson & Elsie Andrews

Mailing Address 6727 40Th Street N.E.

City

Marysville

State

WA

Zip Code

98270-6913

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00120

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 47 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mario D. Angelini

Mailing Address 13237 4Th S. Avenue

City

Burien

State

WA

Zip Code

98168

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
USPS

Occupation  
Mechanic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00121

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George Angelos

Mailing Address 9 Bryant Court

City

Ladera Ranch

State

CA

Zip Code

92694-1089

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Accenture

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00122

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Louise B. Angiuli

Mailing Address 29 Forest Drive

City

Port Washington

State

NY

Zip Code

11050-1910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00123

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Louise B. Angiuli

Mailing Address 29 Forest Drive

City

Port Washington

State

NY

Zip Code

11050-1910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00124

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Doug Angstrom

Mailing Address 11628 Musket Rim Street

City

Austin

State

TX

Zip Code

78738-6600

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00125

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William A. Angus

Mailing Address 15135 Huntington Gate Drive

City

Poway

State

CA

Zip Code

92064-6705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00126

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Helen K. Ankarlo

Mailing Address 2510 Ranch Reserve Ridge

City

Westminster

State

CO

Zip Code

80234-1031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ankarlo Management, Inc.Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	0	9

Transaction ID: 2009M04L11ai00127

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Howard Annin

Mailing Address 147 Saint Thomas Way

City

Tiburon

State

CA

Zip Code

94920-1031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	0	9

Transaction ID: 2009M04L11ai00128

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steven Anson

Mailing Address 203 E. Douglas Street  
#717

City

O' Neill

State

NE

Zip Code

68763-1827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	0	9

Transaction ID: 2009M04L11ai00129

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stanley J. Antanaitis

Mailing Address 7897 Lutz Avenue N.W.

City

Massillon

State

OH

Zip Code

44646-9077

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00130

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Tim D. Apple

Mailing Address 4038 E. Nc Highway 150

City

Browns Summit

State

NC

Zip Code

27214-9653

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New Earth Designs Inc

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00131

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Mariann Hundahl Appley

Mailing Address 2 Commonwealth Avenue

City

Boston

State

MA

Zip Code

02116-3153

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00132

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Scott G. Arbuckle

Mailing Address 17301 Club Hill Drive

City

Dallas

State

TX

Zip Code

75248-1107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00133

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark A. Arensmeyers

Mailing Address 2004 W. Cavendish Court

City

Alpharetta

State

GA

Zip Code

30022-7121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00134

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joe W. Arledge, III

Mailing Address 2801 Arledge Rd.

City

Robert Lee

State

TX

Zip Code

76945-3019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00135

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. George William Armitage, Jr.

Mailing Address 12780 N. 57Th Street

City

Tampa

State

FL

Zip Code

33617-1250

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00136

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Brad S. Armstrong

Mailing Address 61 Quail Drive

City

Roundup

State

MT

Zip Code

59072-6339

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Thomson, Inc.

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00137

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Cynthia Armstrong

Mailing Address 7701 Old Telegraph Road

City

Alexandria

State

VA

Zip Code

22315-3815

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sparkle Painting Company

Occupation  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00138

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

525.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Thomas G. Arnett

Mailing Address 717 Roach

City State Zip Code  
 Salina KS 67401-5126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Thomas G. Arnett, Cpa, P.-  
 A.

Occupation  
 Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00139

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Stuart B. Aronoff

Mailing Address 2652 Pierce Street

City State Zip Code  
 San Francisco CA 94123-4631

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00140

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Ceasar A. Arredondo

Mailing Address 445 Grand Bay Drive

City State Zip Code  
 Key Biscayne FL 33149-1905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00141

Amount of Each Receipt this Period

10000.00

**SUBTOTAL** of Receipts This Page (optional) .....

10300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. H. Raymond Arsenault

Mailing Address 119 Hampton Meadows

City

Hampton

State

NH

Zip Code

03842-1818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2009

Transaction ID: 2009M04L11ai00142

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Arthurs

Mailing Address 3000 Pennypack Road

City

Hatboro

State

PA

Zip Code

19040-4212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Merck

Occupation  
Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai00143

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Ricardo & Bonnie Artigas

Mailing Address 2270 Sanderling Lane

City

Vero Beach

State

FL

Zip Code

32963-9495

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai00144

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Douglas W. Ashcraft

Mailing Address 20 Phellos Court

City

Little Rock

State

AR

Zip Code

72223-3960

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00145

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Marion A. Askin, Jr.

Mailing Address 104 Cherry Point Drive

City

Yorktown

State

VA

Zip Code

23692-3538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Army

Occupation

Military Systems Integrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00146

Amount of Each Receipt this Period

144.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Marion A. Askin, Jr.

Mailing Address 104 Cherry Point Drive

City

Yorktown

State

VA

Zip Code

23692-3538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Army

Occupation

Military Systems Integrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00147

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1244.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Carl Asplundh, Jr.

Mailing Address 7049 Ely Road

City State Zip Code  
 New Hope PA 18938-5726

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00148

Amount of Each Receipt this Period

180.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Bill Athey

Mailing Address 2716 Redbird Lane

City State Zip Code  
 Enid OK 73703-1532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Security National Bank,  
 Enid Ok.

Occupation  
 Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00149

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
 Miss Anita A. Atti

Mailing Address 1111 Bering Drive  
 Unit 501

City State Zip Code  
 Houston TX 77057-2333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00150

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

530.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Miss Anita A. Atti

Mailing Address 1111 Bering Drive  
Unit 501

City State Zip Code  
Houston TX 77057-2333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00151

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bruce Attinger

Mailing Address 19444 E. Lakeway Ave.

City State Zip Code  
Baton Rouge LA 70810-8941

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Outback Steakhouse

Occupation  
Restaurateur

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00152

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jim Attrell

Mailing Address 50 Remington Ter.

City State Zip Code  
Highland Vill TX 75077-6781

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nortex Modular Space

Occupation  
Vp and General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00153

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

860.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gordon Audilett

Mailing Address P.O. Box 292

City

Thatcher

State

AZ

Zip Code

85552-0292

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00154

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard R. Augspurger

Mailing Address 12675 Willow Ln.

City

Lakewood

State

CO

Zip Code

80215-2548

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00155

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. T. Avery

Mailing Address 10214 Ravenswood Road

City

Granbury

State

TX

Zip Code

76049-4538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00156

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Avril

Mailing Address P.O. Box 32066

City

Cincinnati

State

OH

Zip Code

45232-0066

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The G.A. Avril Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00157

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

David Axene

Mailing Address 35067 Mahogany Glen Drive

City

Winchester

State

CA

Zip Code

92596-8269

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Axene Health Partners, Llc

Occupation  
Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00158

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Miss Mary Sally Aylward

Mailing Address 115 S. Rutan Street  
Apartment 10B

City

Wichita

State

KS

Zip Code

67218-1135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00159

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Ms. Ellen P. Ayotte

Mailing Address 1121 Coppet Street

City

Fairbanks

State

AK

Zip Code

99709-4722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	9	

Transaction ID: 2009M04L11ai00160

Amount of Each Receipt this Period

375.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. &amp; Mrs. Donald N. Babb

Mailing Address P.O. Box 7777

City

Gardnerville

State

NV

Zip Code

89460-4629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	9	

Transaction ID: 2009M04L11ai00161

Amount of Each Receipt this Period

325.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Karen Babish

Mailing Address 746 Golden Tanager Ct.

City

Greer

State

SC

Zip Code

29651-7301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	9	

Transaction ID: 2009M04L11ai00162

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

950.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Douglas A. Backes

Mailing Address 9903 Greening Court

City

Dunkirk

State

MD

Zip Code

20754-9717

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Navy

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai00163

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John A. Backlund

Mailing Address 2255 N.W. Fernie Court

City

Bend

State

OR

Zip Code

97701-8679

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00164

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John N. Badgett, Jr.

Mailing Address 1109 N. Heritage Drive

City

Maryville

State

TN

Zip Code

37803-6411

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00165

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 62 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Arlene M. Bady

Mailing Address 1407 Middle Road  
Unit #216

City State Zip Code  
**Calverton NY 11933-1471**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 2 4 / 2 0 0 9**

**Transaction ID: 2009M04L11ai00166**

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John C. Bagwell

Mailing Address 608 Garcia Street

City State Zip Code  
**Santa Fe NM 87505-2858**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 3 1 / 2 0 0 9**

**Transaction ID: 2009M04L11ai00167**

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence E. Bailey

Mailing Address 4 Pond Edge Lane

City State Zip Code  
**Ipswich MA 01938-1070**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New England Power Co.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 3 0 / 2 0 0 9**

**Transaction ID: 2009M04L11ai00168**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**900.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Malcolm L. Bailey

Mailing Address 3662 Ontario Rd.  
Suite B.

City State Zip Code  
**Keysville VA 23947-2710**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
S. & M. Brands, Inc.

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

**Transaction ID:** 2009M04L11ai00169

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark H. Bailey

Mailing Address 2930 Hayward Drive

City State Zip Code  
**Bellingham WA 98226-9461**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Minefinders Corporation  
Ltd

Occupation  
Geologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

**Transaction ID:** 2009M04L11ai00170

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark H. Bailey

Mailing Address 2930 Hayward Drive

City State Zip Code  
**Bellingham WA 98226-9461**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Minefinders Corporation  
Ltd

Occupation  
Geologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 7 / 2 0 0 9**

**Transaction ID:** 2009M04L11ai00171

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1250.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 64 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Nona O. Bailey

Mailing Address P.O. Box 769

City

Wells

State

TX

Zip Code

75976-9007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00172

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Dorothy W. Baines

Mailing Address 4137 W. Hamilton Court

City

Nashville

State

TN

Zip Code

37218-1837

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00173

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Dorothy W. Baines

Mailing Address 4137 W. Hamilton Court

City

Nashville

State

TN

Zip Code

37218-1837

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00174

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 65 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Allen Baird

Mailing Address 1600 Texas Street #2035

City

Fort Worth

State

TX

Zip Code

76102-3400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00175

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Clayton D. Baird

Mailing Address 5955 Crab Orchard Rd

City

Houston

State

TX

Zip Code

77057-1421

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00176

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bruce R. Baker

Mailing Address 5102 Sapphire Dr.

City

Marietta

State

GA

Zip Code

30068-2891

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00177

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 66 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Grover Eugene Baker

Mailing Address 645 V. O. A. Site C. Road

City

Greenville

State

NC

Zip Code

27834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

785.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00178

Amount of Each Receipt this Period

245.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Grover Eugene Baker

Mailing Address 645 V. O. A. Site C. Road

City

Greenville

State

NC

Zip Code

27834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

785.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00179

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Keith & Martha Baker

Mailing Address 1376 Brandlwood Road

City

White Bear Lake

State

MN

Zip Code

55110-2280

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Meritex

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00180

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

595.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Norman Baker

Mailing Address 40 Hanson Hollow Road

City

State

Zip Code

Port Allegany

PA

16743-2302

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00181

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Baker, III

Mailing Address P.O. Box 389

City

State

Zip Code

Sneads Ferry

NC

28460-0389

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Treasure Realty, Inc.

Occupation  
President/Broker-In-Charge

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00182

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard A. Baker

Mailing Address P.O. Box 972

City

State

Zip Code

Lake Oswego

OR

97034-0107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00183

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Baker

Mailing Address P.O. Box 108

City

Cedartown

State

GA

Zip Code

30125-0108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Duffey Southeast IncOccupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00184

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert W. Baker

Mailing Address 24311 Oxnard Street

City

Woodland Hills

State

CA

Zip Code

91367-1138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00185

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Susan Baker

Mailing Address 970 Pauite Drive

City

Ivins

State

UT

Zip Code

84738-6466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00186

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward Balderston, Jr.

Mailing Address 203 Willow Valley Drive

City

Lancaster

State

PA

Zip Code

17602-4781

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Susquehanna Bancshares,  
Inc.

Occupation  
Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00187

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Edwin S. Baldwin

Mailing Address 1 Dromara Road

City

Saint Louis

State

MO

Zip Code

63124-1816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Armstrong Teasdale, L.L.P.

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00188

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edwin S. Baldwin

Mailing Address 1 Dromara Road

City

Saint Louis

State

MO

Zip Code

63124-1816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Armstrong Teasdale, L.L.P.

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00189

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark Balinski

Mailing Address 3 Princeton Court

City

Basking Ridge

State

NJ

Zip Code

07920-4246

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Zsl Inc.

Occupation

Sales/Mktg/Training

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00190

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark Balinski

Mailing Address 3 Princeton Court

City

Basking Ridge

State

NJ

Zip Code

07920-4246

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Zsl Inc.

Occupation

Sales/Mktg/Training

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00191

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Calvin L. Ball

Mailing Address 5925 SE 119th Place

City

Bellevue

State

FL

Zip Code

34420-5230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00192

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David Ballard

Mailing Address 101 Riverside Park

City

Abilene

State

TX

Zip Code

79605-1752

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00193

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James H. Ballew

Mailing Address P.O. Box 4084  
Skyline Drive

City

Frankfort

State

KY

Zip Code

40604-4084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00194

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James H. Ballew

Mailing Address P.O. Box 4084  
Skyline Drive

City

Frankfort

State

KY

Zip Code

40604-4084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00195

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. James H. Ballew

Mailing Address P.O. Box 4084  
 Skyline Drive

City State Zip Code  
 Frankfort KY 40604-4084

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00196

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. James H. Ballew

Mailing Address P.O. Box 4084  
 Skyline Drive

City State Zip Code  
 Frankfort KY 40604-4084

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00197

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Wilfred F. Balmes

Mailing Address 440-County Road 5350

City State Zip Code  
 Berryville AR 72616

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00198

Amount of Each Receipt this Period

160.00

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

John Balsz

Mailing Address 511 E.San Yadiro Blvd #3402

City State Zip Code  
**San Yadiro CA 92173**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Aircraft Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

**Transaction ID: 2009M04L11ai00199**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Keith Bambrick

Mailing Address 14111 Freeway Dr.

City State Zip Code  
**Santa Fe Springs CA 90670-5822**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hershey System

Occupation  
Board Chariman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 3 1 / 2 0 0 9**

**Transaction ID: 2009M04L11ai00200**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George Banks

Mailing Address 13808 Fairlane Court

City State Zip Code  
**Wellington FL 33414-6824**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 2 5 / 2 0 0 9**

**Transaction ID: 2009M04L11ai00201**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**750.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Peter Banks

Mailing Address P.O. Box 2867

City

State

Zip Code

Page

AZ

86040-2867

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Page Dental Center

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00202

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Louis F. Bantle

Mailing Address 11730 Valeros Court

City

State

Zip Code

Palm Beach Gardens

FL

33418-1563

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00203

Amount of Each Receipt this Period

15000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Franc A. Barada, Jr.

Mailing Address 15 Beverly Drive

City

State

Zip Code

Durham

NC

27707-2223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00204

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

16100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 75 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mila Baranik

Mailing Address 35 Scott Drive

City

Morganville

State

NJ

Zip Code

07751-1036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rom Bar Accounting

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00205

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Cyril G. Barbaccia

Mailing Address 165 Blossom Hill Road

City

San Jose

State

CA

Zip Code

95123-5938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00206

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Patricia J. Barbour

Mailing Address 3841 Legacy Drive

City

Kingman

State

AZ

Zip Code

86409-4905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00207

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

2980.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Barbre

Mailing Address 5743 Brookstone Drive N.W.

City

Acworth

State

GA

Zip Code

30101-8027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A.C.T. Technologies Inc.

Occupation

President & Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00208

Amount of Each Receipt this Period

1100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Wayne A. Barden

Mailing Address 1539 Cottonwood Drive

City

Elkhart

State

IN

Zip Code

46514-4331

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00209

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Gradene & Ed Barham

Mailing Address 8205 Santa Fe Drive

City

Odessa

State

TX

Zip Code

79765-8541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00210

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1650.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Arthur Barker

Mailing Address 2813 John Coffee Court

City

Lake Ridge

State

VA

Zip Code

22192-1221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00211

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frank R. Barnako

Mailing Address 2311 Kirkland Village Circle

City

Bethlehem

State

PA

Zip Code

18017-4746

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00212

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Diane C. Barnes

Mailing Address 3 Foxboro Road

City

Saint Louis

State

MO

Zip Code

63124-1268

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00213

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Marion Barnes

Mailing Address P. O. Box 7456

City

Rocky Mount

State

NC

Zip Code

27804-0456

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Frontier Trailer Assoc.  
Inc.

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00214

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Maria Barnette

Mailing Address 2181 Ahaku Place

City

Honolulu

State

HI

Zip Code

96821-1012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bogart's Cafe

Occupation  
Chef

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00215

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Allen Barney

Mailing Address 1354 Orchard Loop

City

Oak Harbor

State

WA

Zip Code

98277-8905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00216

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

920.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joshua Barnhill

Mailing Address 1416 Parkview Circle, #205

City State Zip Code  
**Wilmington NC 28405**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 27 2009**

Transaction ID: 2009M04L11ai00217

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jon T. Barnowski

Mailing Address 7607 Patapsco Drive

City State Zip Code  
**Sykesville MD 21784-7128**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Siemens

Occupation  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 05 2009**

Transaction ID: 2009M04L11ai00218

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jon T. Barnowski

Mailing Address 7607 Patapsco Drive

City State Zip Code  
**Sykesville MD 21784-7128**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Siemens

Occupation  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 26 2009**

Transaction ID: 2009M04L11ai00219

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

**355.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Barrentine

Mailing Address 2 Nelson Lane

City

Pass Chris

State

MS

Zip Code

39571-4718

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00220

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Juanita Barrera

Mailing Address 2869 Camino Tomasini

City

Hacienda Heights

State

CA

Zip Code

91745

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00221

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Tom H. Barrett

Mailing Address 8171 Bay Colony Drive  
Penthouse N.

City

Naples

State

FL

Zip Code

34108-7567

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00222

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Mildred K. Barringer

Mailing Address 4912 Parkview Ct.

City

Tallahassee

State

FL

Zip Code

32311-1240

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00223

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Mildred K. Barringer

Mailing Address 4912 Parkview Ct.

City

Tallahassee

State

FL

Zip Code

32311-1240

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00224

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert K. Barrow

Mailing Address P.O. Box 411

City

Springfield

State

OR

Zip Code

97477-0063

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00225

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dean Barry

Mailing Address 23699 Shaker Blvd.

City

Shaker Heights

State

OH

Zip Code

44122-2606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jcb Management

Occupation

Property Management

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00226

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dean Barry

Mailing Address 23699 Shaker Blvd.

City

Shaker Heights

State

OH

Zip Code

44122-2606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jcb Management

Occupation

Property Management

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00227

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Kathleen A. Barstnar

Mailing Address 1720 South Bellaire  
Suite 110

City

Denver

State

CO

Zip Code

80222-4308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Whiting Management Resources

Occupation

President / C.E.O.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00228

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2035.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard Bartolotta

Mailing Address 167 Compo Road South

City

Westport

State

CT

Zip Code

06880-5016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ims Health

Occupation

Vp, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00229

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David K. Barton

Mailing Address 80 Lyme Road  
Apartment 1004

City

Hanover

State

NH

Zip Code

03755-1236

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CACI International

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00230

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

John Barton

Mailing Address 2051 Lake Viking Terr.

City

Gallatin

State

MO

Zip Code

64640-8338

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cameron Regional Medical  
Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00231

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Basmadjian, Jr.

Mailing Address 4 Nevius Rd.

City

White House Statio

State

NJ

Zip Code

08889-3916

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00232

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Danny Basso

Mailing Address 15301 Dallas Parkway  
Suite 1100

City

Addison

State

TX

Zip Code

75001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Systemware, Inc.

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00233

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Rochelle H. Bast

Mailing Address 3704 N. Lake Drive

City

Shorewood

State

WI

Zip Code

53211-2646

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00234

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Rochelle H. Bast

Mailing Address 3704 N. Lake Drive

City

Shorewood

State

WI

Zip Code

53211-2646

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00235

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Rochelle H. Bast

Mailing Address 3704 N. Lake Drive

City

Shorewood

State

WI

Zip Code

53211-2646

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00236

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Susan E. Bate

Mailing Address 20 Trenton Avenue

City

Ewing

State

NJ

Zip Code

08628-2938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bloomberg L.P.

Occupation

Research Asisst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00237

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mark & Kathy Batenic

Mailing Address 97 Poteskeet Trail

City

Kitty Hawk

State

NC

Zip Code

27949-3734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Clemens Family Markets

Occupation

Grocery Retail

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00238

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frank Battaglino

Mailing Address 2905 Ann Way

City

Owings

State

MD

Zip Code

20736-4260

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00239

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ben G. Battle, Jr.

Mailing Address 9950 Sea Grape Circle

City

Coral Gables

State

FL

Zip Code

33156-3401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00240

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Melvin L. Battles, III

Mailing Address 33 Eagle Creek Drive

City

Norwalk

State

OH

Zip Code

44857-8850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00241

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Abraham S. Baubie

Mailing Address 218 Kentucky St

City

Bakersfield

State

CA

Zip Code

93305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00242

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Veronica Bauch

Mailing Address 218 E. Blue Earth Avenue

City

Fairmont

State

MN

Zip Code

56031-2847

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00243

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional) .....

535.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Veronica Bauch

Mailing Address 218 E. Blue Earth Avenue

City

Fairmont

State

MN

Zip Code

56031-2847

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00244

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Baum

Mailing Address 990 Garrido Drive

City

Camarillo

State

CA

Zip Code

93010-1026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00245

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Alice Baumgartner

Mailing Address 2886 Highland Avenue

City

Broomall

State

PA

Zip Code

19008-1059

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tri-State Elevator

Occupation  
Clerical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00246

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

940.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Melanie A. Bavouset

Mailing Address 387 E. Log Hill Road

City

Pagosa Springs

State

CO

Zip Code

81147-9000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00247

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Melanie A. Bavouset

Mailing Address 387 E. Log Hill Road

City

Pagosa Springs

State

CO

Zip Code

81147-9000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00248

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Melanie A. Bavouset

Mailing Address 387 E. Log Hill Road

City

Pagosa Springs

State

CO

Zip Code

81147-9000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00249

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ralph Beadle

Mailing Address 7215 77Th Street

City

Lubbock

State

TX

Zip Code

79424-0733

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00250

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Connie Beal

Mailing Address 3855 Valley View Drive

City

Cedar Hills

State

UT

Zip Code

84062-8001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00251

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Janice Beal

Mailing Address 14106 Timberline Drive

City

Urbandale

State

IA

Zip Code

50323-1724

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00252

Amount of Each Receipt this Period

255.00

**SUBTOTAL** of Receipts This Page (optional) .....

705.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Webber W. Beall, Jr.

Mailing Address 4317 Edmonson Avenue

City

Dallas

State

TX

Zip Code

75205-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00253

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jim Bean

Mailing Address 1115 South Street

City

Key West

State

FL

Zip Code

33040-4807

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00254

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John E. Bear

Mailing Address 24 Fieldstone

City

Halliesburg

State

MS

Zip Code

39402-8694

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Environmental Construction  
Corporation

Occupation

President/anager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00255

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jimmie L. Beasley

Mailing Address P.O. Box 911

City

Covington

State

TN

Zip Code

38019-0911

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00256

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bruce Beatty

Mailing Address 3010 Stillmeadow Drive

City

Collegeville

State

PA

Zip Code

19426-3248

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Z.L.B. Behring

Occupation

Production Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00257

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Deborah Beatty

Mailing Address 10508 Hunting Crest Lane

City

Vienna

State

VA

Zip Code

22182-1522

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00258

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Carolyn Beaubouef

Mailing Address 2512 Highway 5

City

Grand Cane

State

LA

Zip Code

71032-6118

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai00259

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Diana L. Becker

Mailing Address 229 Manley Ct

City

San Jose

State

CA

Zip Code

95139-1432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Merrill Lynch

Occupation  
Mortgage Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 9

Transaction ID: 2009M04L11ai00260

Amount of Each Receipt this Period

210.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark Becker

Mailing Address 165 Barrett Place

City

Alexandria

State

VA

Zip Code

22304-7765

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Department Of Defense

Occupation  
Civil Servant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 9

Transaction ID: 2009M04L11ai00261

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Becraft

Mailing Address 8210 Silent River Drive

City

Richmond

State

TX

Zip Code

77406-7168

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kaiser Aluminum

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00262

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Bego

Mailing Address P.O. Box 501796

City

Indianapolis

State

IN

Zip Code

46250-6796

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00263

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sharon Begosh

Mailing Address 18922 Clover Hill Lane

City

Olney

State

MD

Zip Code

20832-1211

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Montgomery County Govern-  
ment

Occupation  
Corrections Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00264

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Col. Richard P. Bein

Mailing Address 7902 Foote Lane

City

Springfield

State

VA

Zip Code

22151-2405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Army

Occupation

Military Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00265

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bruce A. Bell

Mailing Address 600 Heritage Road  
Belmark Inc

City

De Pere

State

WI

Zip Code

54115-2444

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Belmark Inc

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00266

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Linda L. Bell

Mailing Address 1798 Hartford Turnpike

City

North Haven

State

CT

Zip Code

06473-1271

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Paul C. Higgins, Inc.

Occupation

Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00267

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

495.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary D. Bello

Mailing Address 727 Mallard Bay

City

Lexington

State

KY

Zip Code

40502-3122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation

Self Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00268

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Harold Belsheim

Mailing Address 1002 E. Wesley Drive

City

O' Fallon

State

IL

Zip Code

62269-6136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00269

Amount of Each Receipt this Period

505.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Patricia J. Beltrami

Mailing Address 145 Mendocino Place

City

Ukiah

State

CA

Zip Code

95482-5612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00270

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Kimberly Benacquista

Mailing Address 130 Fox Meadow Lane

City

Orchard Park

State

NY

Zip Code

14127-2866

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00271

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. A. T. Benavides

Mailing Address P.O. Box 1

City

Bruni

State

TX

Zip Code

78344-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00272

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. A. T. Benavides

Mailing Address P.O. Box 1

City

Bruni

State

TX

Zip Code

78344-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00273

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Bruce P. Bengtson

Mailing Address 91 Cardinal Road

City

Wyomissing

State

PA

Zip Code

19610-2517

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00274

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Bruce P. Bengtson

Mailing Address 91 Cardinal Road

City

Wyomissing

State

PA

Zip Code

19610-2517

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00275

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David Benham

Mailing Address 4460 Malana Court

City

Rancho Cordova

State

CA

Zip Code

95742-8060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00276

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David Benham

Mailing Address 4460 Malana Court

City

Rancho Cordova

State

CA

Zip Code

95742-8060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00277

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Benham

Mailing Address 4460 Malana Court

City

Rancho Cordova

State

CA

Zip Code

95742-8060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00278

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Herb and Jane Benjey

Mailing Address 168 Rainbow Dr # 6820

City

Livingston

State

TX

Zip Code

77399-1068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University Hospital, Cincinnati

Occupation

Jane--Data Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00279

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Herb and Jane Benjey

Mailing Address 168 Rainbow Dr # 6820

City

Livingston

State

TX

Zip Code

77399-1068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University Hospital, Cinc-  
innat

Occupation

Jane--Data Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00280

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Bennett

Mailing Address 4 Green Tree Place

City

Sheldon

State

SC

Zip Code

29941

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00281

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kent Bennett

Mailing Address 8611 Kenosha Drive

City

Lubbock

State

TX

Zip Code

79423-2728

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00282

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard B. Bennett

Mailing Address 7303 Periwinkle Drive

City

Sarasota

State

FL

Zip Code

34231-5321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00283

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald P. Bennett

Mailing Address 280 Parkdale Ave.

City

East Aurora

State

NY

Zip Code

14052-1619

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00284

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Sandra S. Bennett

Mailing Address P.O. Box 409

City

La Center

State

WA

Zip Code

98629-0409

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00285

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Arnie Benning

Mailing Address 1719 Easton Avenue

City

Waterloo

State

IA

Zip Code

50702-2642

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Don Lentz Heating & Cool-  
ing

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00286

Amount of Each Receipt this Period

105.00

**B.**

Full Name (Last, First, Middle Initial)

Arnie Benning

Mailing Address 1719 Easton Avenue

City

Waterloo

State

IA

Zip Code

50702-2642

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Don Lentz Heating & Cool-  
ing

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00287

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. T. R. Benning

Mailing Address P.O. Box 724375

City

Atlanta

State

GA

Zip Code

31139-1375

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Benning Construction Comp-  
any

Occupation

Constructor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00288

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

705.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Deward E. Bennton

Mailing Address 903 Minutemen Crossway

City State Zip Code  
**Cocoa Beach FL 32931**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 09 2009**

Transaction ID: 2009M04L11ai00289

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Linn Benson

Mailing Address 1

City State Zip Code  
**Napa CA 94558**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 27 2009**

Transaction ID: 2009M04L11ai00290

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Joan Sidie Bentzen

Mailing Address 353 Kentucky Avenue

City State Zip Code  
**Sheridan WY 82801-3316**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 12 2009**

Transaction ID: 2009M04L11ai00291

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

**700.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Joan Sidie Bentzen

Mailing Address 353 Kentucky Avenue

City

Sheridan

State

WY

Zip Code

82801-3316

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00292

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald L. Berenstein

Mailing Address 518 Hillside Drive E.

City

Seattle

State

WA

Zip Code

98112-5054

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Perkins Crie L.L.P.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00293

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Beres

Mailing Address 108 Vista Lane

City

Taos

State

NM

Zip Code

87571-7252

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00294

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Orville R. Berg

Mailing Address 400 Travis St Ste 616  
 Berex-Co Inc

City State Zip Code  
 Shreveport LA 71101-3112

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00295

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth P. Bergbower

Mailing Address 102 Glenmoor Circle S.

City State Zip Code  
 Easton PA 18045-2178

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00296

Amount of Each Receipt this Period

360.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Brent C. Berge

Mailing Address 2052 E. Hermosa Vista Drive

City State Zip Code  
 Mesa AZ 85213-2212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00297

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Susan C. Berger

Mailing Address 44 Reynolds Street

City

Kingston

State

PA

Zip Code

18704-4725

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Matthew Berger

Occupation

Assistant Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00298

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Leo W. Bergin

Mailing Address 10528 Big Canoe

City

Big Canoe

State

GA

Zip Code

30143-5127

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00299

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Berkich

Mailing Address 209 Mason Street

City

Onalaska

State

WI

Zip Code

54650-7034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Body Shop Supply

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00300

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Alan E. Berlin

Mailing Address P.O. Box 5588

City

Beverly Hills

State

CA

Zip Code

90209-5588

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jules Berlin Agency

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00301

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Clevence J Bernard, Jr.

Mailing Address 4217 Pine Park Dr.

City

Baton Rouge

State

LA

Zip Code

70809

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00302

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles Berry

Mailing Address 1050 Calle Milagro Dr.

City

El Paso

State

TX

Zip Code

79912-7521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Good Times Store

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00303

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Gladys D. Berry

Mailing Address 1011 Tulip Street

City

Longmont

State

CO

Zip Code

80501-4121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00304

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary Ann Berry

Mailing Address 4030 Timber Lane

City

Orlando

State

FL

Zip Code

32804-2236

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00305

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William J. Berry

Mailing Address 12001 Peach Drive

City

Pampa

State

TX

Zip Code

79065-1117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00306

Amount of Each Receipt this Period

825.00

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Bertram

Mailing Address 56160 Muirfield Village

City

La Quinta

State

CA

Zip Code

92253-7690

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai00307

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dudley J. Bertrand

Mailing Address 111 Dupont Circle

City

West Monroe

State

LA

Zip Code

71291-4715

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 9

Transaction ID: 2009M04L11ai00308

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dudley J. Bertrand

Mailing Address 111 Dupont Circle

City

West Monroe

State

LA

Zip Code

71291-4715

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 9

Transaction ID: 2009M04L11ai00309

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph F. Best, III

Mailing Address 2279 Defoor Hills Road N.W.

City State Zip Code  
**Atlanta GA 30318-2203**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Quality Wine & Spirits,  
Inc.

Occupation  
President/Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 4 / 2 0 0 9**

Transaction ID: 2009M04L11ai00310

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David R. Bettis

Mailing Address 2403 Carey Lane

City State Zip Code  
**Vienna VA 22181-5444**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 6 / 2 0 0 9**

Transaction ID: 2009M04L11ai00311

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Frank F. Bevacqua

Mailing Address 317 Forester Way

City State Zip Code  
**Park Ridge NJ 07656-2611**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 3 / 2 0 0 9**

Transaction ID: 2009M04L11ai00312

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

**770.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Barbara Beyea

Mailing Address 12 Whale Cove Road

City

Rockport

State

MA

Zip Code

01966-1920

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00313

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara Beyea

Mailing Address 12 Whale Cove Road

City

Rockport

State

MA

Zip Code

01966-1920

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00314

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sherry Lee Bezzek

Mailing Address 6 Teaberry Drive

City

Medford

State

NJ

Zip Code

08055-3601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Emergency Medicine Assoc.  
Company

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00315

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth J. Bialkin

Mailing Address 4 Times Sqaure

City

New York

State

NY

Zip Code

10036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00316

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

W. C. Bickett

Mailing Address 5000 Numaga Pass

City

Carson City

State

NV

Zip Code

89703-9454

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00317

Amount of Each Receipt this Period

800.00

**C.**

Full Name (Last, First, Middle Initial)

Captain Ted Biddison

Mailing Address 102 Shockey Circle

City

Winchester

State

VA

Zip Code

22602-6857

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai00318

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional) .....

1260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Ingeborg Bieber

Mailing Address 102 Derry Hill Road

City

Uncasville

State

CT

Zip Code

06382-1904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00319

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bruce A. Biehler

Mailing Address 10619 N. La Quinta Drive

City

Tucson

State

AZ

Zip Code

85737-7017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00320

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bruce A. Biehler

Mailing Address 10619 N. La Quinta Drive

City

Tucson

State

AZ

Zip Code

85737-7017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00321

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Biermann

Mailing Address 743 Maple Hill Drive

City

Blue Bell

State

PA

Zip Code

19422-2064

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cantor, Biermann, Fellin  
Assoc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00322

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James M. Biggar

Mailing Address 4199 Kinross Lakes Parkway  
Apartment 250

City

Richfield

State

OH

Zip Code

44286-9396

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00323

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Arthur E. Biggs

Mailing Address 801 S.W. San Antonio Drive

City

Palm City

State

FL

Zip Code

34990-5971

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00324

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Arthur E. Biggs

Mailing Address 801 S.W. San Antonio Drive

City

Palm City

State

FL

Zip Code

34990-5971

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00325

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Sheridan C. Biggs

Mailing Address P.O. Box 160

City

Quaker Street

State

NY

Zip Code

12141-0160

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00326

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Bikowski

Mailing Address 1701 Fox Run Court

City

Vienna

State

VA

Zip Code

22182-1810

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00327

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Gwenn L. Billinger

Mailing Address 445 Colonial Place

City

Nipomo

State

CA

Zip Code

93444-5718

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00328

Amount of Each Receipt this Period

180.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Gwenn L. Billinger

Mailing Address 445 Colonial Place

City

Nipomo

State

CA

Zip Code

93444-5718

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00329

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Billings

Mailing Address 34 W. Rivercrest Drive

City

Houston

State

TX

Zip Code

77042-2135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00330

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

380.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Billings

Mailing Address 34 W. Rivercrest Drive

City

Houston

State

TX

Zip Code

77042-2135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00331

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Fred C. Birkeland

Mailing Address 509 Route 530  
Apartment 166

City

Whiting

State

NJ

Zip Code

08759-3147

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00332

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lou L. Birney

Mailing Address 1625 E. 32Nd Street  
#1

City

Brooklyn

State

NY

Zip Code

11234-4212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00333

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lou L. Birney

Mailing Address 1625 E. 32Nd Street  
 #1

City State Zip Code  
 Brooklyn NY 11234-4212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00334

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lou L. Birney

Mailing Address 1625 E. 32Nd Street  
 #1

City State Zip Code  
 Brooklyn NY 11234-4212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00335

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Johnnie T. Bishop, Sr.

Mailing Address 53 Farmington Drive

City State Zip Code  
 Staunton VA 24401-6272

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fisher Auto Parts

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00336

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Lucille S. Bishop

Mailing Address 25 Bishop Street

City

De Lancey

State

NY

Zip Code

13752-2188

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00337

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Patrick Bishop

Mailing Address 1130 Reserve Way  
#204

City

Naples

State

FL

Zip Code

34105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Titan Consulting, Llc

Occupation  
President & Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00338

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William H. Bishop

Mailing Address 6825 S.W. Raleighwood Lane

City

Portland

State

OR

Zip Code

97225-1924

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00339

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional) .....

495.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Errol Bisutti

Mailing Address 489 Gray Court

City

Benicia

State

CA

Zip Code

94510-3923

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Underground Construction

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00340

Amount of Each Receipt this Period

280.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. R. Richard Bittner

Mailing Address 1000 Firstar Center

City

Davenport

State

IA

Zip Code

52801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00341

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard Black

Mailing Address 412 Sebastian Square

City

St. Augustine

State

FL

Zip Code

32095-6863

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00342

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

1310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Patricia S. Blackbourne

Mailing Address 705 Schubert Road

City

Kingsbury

State

TX

Zip Code

78638-3202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Na

Occupation

At Home Mom

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00343

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Merida Blackwell

Mailing Address P.O. Box 673

City

Conifer

State

CO

Zip Code

80433-0673

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00344

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Merida Blackwell

Mailing Address P.O. Box 673

City

Conifer

State

CO

Zip Code

80433-0673

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00345

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 122 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Sherwood C. Blake

Mailing Address 2 Sutton Place S.  
 Apartment 6 A.

City State Zip Code  
 New York NY 10022-3070

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00346

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Miles G. Blakeslee, Jr.

Mailing Address 2255 Ridge Road

City State Zip Code  
 North Haven CT 06473-1216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00347

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory R. Blank

Mailing Address 20368 N. 93Rd Place

City State Zip Code  
 Scottsdale AZ 85255-6619

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Summit Holdings, Inc.

Occupation  
 Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00348

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Gail Blanton

Mailing Address 3069 Dartmouth Drive

City

Greenville

State

NC

Zip Code

27858-6746

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00349

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David H. Blattner, Jr.

Mailing Address 23764 County Road 12

City

Richmond

State

MN

Zip Code

56368-8355

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Blattner & Sons, Inc.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00350

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert A. Bliss

Mailing Address 316 Woods Mill Terrace Lane

City

Chesterfield

State

MO

Zip Code

63017-3440

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00351

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 124 / 1940  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. George E. Block, Jr.

Mailing Address 2402 Benrus Blvd.

City

San Antonio

State

TX

Zip Code

78228-2338

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northside I.S.D.

Occupation

Assistant Director Of Athletics

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00352

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George E. Block, Jr.

Mailing Address 2402 Benrus Blvd.

City

San Antonio

State

TX

Zip Code

78228-2338

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northside I.S.D.

Occupation

Assistant Director Of Athletics

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00353

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Remo Capra Bloise

Mailing Address 163 E. 92Nd Street

City

New York

State

NY

Zip Code

10128-2420

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00354

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mina Bloom

Mailing Address 61 Lower Cross Road

City

Greenwich

State

CT

Zip Code

06831-3001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Trans-Continental Credit  
Collection Co

Occupation

Secretary / Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00355

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mina Bloom

Mailing Address 61 Lower Cross Road

City

Greenwich

State

CT

Zip Code

06831-3001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Trans-Continental Credit  
Collection Co

Occupation

Secretary / Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00356

Amount of Each Receipt this Period

105.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles Bloomquist

Mailing Address 1615 California St., Suite 307

City

Denver

State

CO

Zip Code

80202-3722

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Resource Consulting Int'L

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00357

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

405.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Brenda Blot

Mailing Address 575 Park Avenue

City

New York

State

NY

Zip Code

10065-7323

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00358

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Howard E. Blum

Mailing Address 3 Harbour Point Drive

City

Northport

State

NY

Zip Code

11768-1557

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00359

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Howard E. Blum

Mailing Address 3 Harbour Point Drive

City

Northport

State

NY

Zip Code

11768-1557

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00360

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Emily S. Blunt

Mailing Address 19812 Genito Road

City

Moseley

State

VA

Zip Code

23120-1082

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00361

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George Bodin

Mailing Address 337 Woodside Avenue

City

Franklin Lakes

State

NJ

Zip Code

07417-2030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oltron Incorporated

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00362

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Tracy Boesch

Mailing Address 21115 Crystal Greens Drive

City

Katy

State

TX

Zip Code

77450-8651

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Transtech Medical Solutions

Occupation  
President and Co

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00363

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stephen W. Boesel

Mailing Address 23 Seminary Farm Road

City

Lutherville Timoni

State

MD

Zip Code

21093-4548

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00364

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Miss Deborah A. Boghosian

Mailing Address 4 Coronet Court

City

Schenectady

State

NY

Zip Code

12309-1929

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dynacare Laboratories

Occupation

Medical Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00365

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Pam Boker

Mailing Address 719 Bedford Road

City

Mount Kisco

State

NY

Zip Code

10549

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00366

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Pam Boker

Mailing Address 719 Bedford Road

City

Mount Kisco

State

NY

Zip Code

10549

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00367

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steve Bolen

Mailing Address 8685 Traveling Breeze Avenue  
Unit 102

City

Las Vegas

State

NV

Zip Code

89178-7707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Desert Cab

Occupation

Taxidriver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00368

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John H. Bolin, Sr.

Mailing Address 7869 Main Hwy.

City

St. Martinville

State

LA

Zip Code

70582-7807

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Edg

Occupation

Prof. Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00369

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John H. Bolin, Sr.

Mailing Address 7869 Main Hwy.

City

St. Martinville

State

LA

Zip Code

70582-7807

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Edg

Occupation

Prof. Engineer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00370

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William R Bollin

Mailing Address 8729 Big Cypress Circle

City

Sylvania

State

OH

Zip Code

43560-8919

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Bostwick-Braun Company

Occupation

Executive

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00371

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey W. Bolton

Mailing Address 1003 Hunters Point Lane SW

City

Rochester

State

MN

Zip Code

55902-3481

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mayo Clinic

Occupation

Administrator

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00372

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. William G. Bonozo

Mailing Address 20229 Inland Lane

City

Malibu

State

CA

Zip Code

90265-5319

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00374

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Rev. John W. Bookout

Mailing Address P.O. Box 76

City

Hartley

State

TX

Zip Code

79044-0076

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hartley Christian Fellow-  
ship

Occupation  
Pastor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00375

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dan W. Boone, III

Mailing Address 2660 Peachtree Road  
Apartment 35H

City

Atlanta

State

GA

Zip Code

30305-3682

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Atlanta Capital Management  
Company

Occupation  
Investment Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00376

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard W. Booth

Mailing Address 11 Resplandor Place

City

Hot Springs Villag

State

AR

Zip Code

71909-7724

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00377

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Gertraud A. Bopp

Mailing Address 301 Arbor Court

City

Tinton Falls

State

NJ

Zip Code

07753-7761

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00378

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Gertraud A. Bopp

Mailing Address 301 Arbor Court

City

Tinton Falls

State

NJ

Zip Code

07753-7761

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00379

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

1065.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Gertraud A. Bopp

Mailing Address 301 Arbor Court

City

Tinton Falls

State

NJ

Zip Code

07753-7761

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00380

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert L. Border

Mailing Address 6650 W. Flamingo Road  
Apartment 221

City

Las Vegas

State

NV

Zip Code

89103-2144

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00381

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Wayne Border

Mailing Address 556 Purple Lilac Ln.

City

Sandy

State

UT

Zip Code

84070-6200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University Of Utah

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00382

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Scott Born

Mailing Address 19934 Ne 155th St

City

Woodinville

State

WA

Zip Code

98077-7702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Black Lowe and Graham Plc

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00383

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Darrell E. Borne

Mailing Address 561 Gramercy Drive N.E.

City

Marietta

State

GA

Zip Code

30068-4872

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sciele Pharma, Inc.

Occupation  
Cfo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00384

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Hans S. Borov

Mailing Address 3882 Burrsville Rd

City

Harrington

State

DE

Zip Code

19952-4627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00385

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional) .....

1285.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. P. C. Borra

Mailing Address P.O. Box 854

City

Harbor Springs

State

MI

Zip Code

49740-0854

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cola Health Services, Inc.

Occupation

Business Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00386

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Ronald A. Boss

Mailing Address 977 Coach Way

City

Annapolis

State

MD

Zip Code

21401-6413

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation

Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00387

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Ronald A. Boss

Mailing Address 977 Coach Way

City

Annapolis

State

MD

Zip Code

21401-6413

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation

Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00388

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daniel Bosworth

Mailing Address P. O. Box 103

City

White Lake

State

SD

Zip Code

57383-0103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai00389

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Aubrey J. Bourgeois

Mailing Address 10100 Hillview Drive  
Apartment 608

City

Pensacola

State

FL

Zip Code

32514-5460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 9

Transaction ID: 2009M04L11ai00390

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary Jo Bousek

Mailing Address 2001 S. 24Th Street

City

Lincoln

State

NE

Zip Code

68502-3010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 9

Transaction ID: 2009M04L11ai00391

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 1940

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David N. Bouton

Mailing Address 1620 Pegfair Estates Drive

City

Pasadena

State

CA

Zip Code

91103-1934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Davalan Sales

Occupation

Chief Executive Of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00392

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Harry E. Bovay, Jr.

Mailing Address 3355 W. Alabama Street  
Suite 1140

City

Houston

State

TX

Zip Code

77098-1863

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai00393

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joe Bowden

Mailing Address 2119 Park Willow Lane  
Apartment D.

City

Arlington

State

TX

Zip Code

76011-3267

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bell Helicopter

Occupation

Tool Design Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00394

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stanley Bowden, II

Mailing Address 21 Chauncy Street  
 Apartment 38

City State Zip Code  
**Cambridge MA 02138-2454**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 4 / 2 0 0 9**

Transaction ID: 2009M04L11ai00395

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Wayne Bower

Mailing Address 1608 Sunset Drive

City State Zip Code  
**Twin Lakes WI 53181-9732**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 5 / 2 0 0 9**

Transaction ID: 2009M04L11ai00396

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Wayne Bower

Mailing Address 1608 Sunset Drive

City State Zip Code  
**Twin Lakes WI 53181-9732**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 6 / 2 0 0 9**

Transaction ID: 2009M04L11ai00397

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

**650.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. James W. Bowers

Mailing Address P.O. Box 1271

City State Zip Code  
 Gainesville GA 30503-1271

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00398

Amount of Each Receipt this Period

206.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. George Bowman

Mailing Address 1200 Ridgeline Drive

City State Zip Code  
 Boyne City MI 49712-8729

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00399

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mrs. Caroline E. Boyd

Mailing Address 4424 Carolina Highway

City State Zip Code  
 Denmark SC 29042-1666

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 The Caroline Collection  
 Fine Antiques

Occupation  
 Antique Dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00400

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

756.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dan Boyd

Mailing Address 1400 West Third Ave.

City

Denver

State

CO

Zip Code

80223-1416

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Boyd Investment Company

Occupation  
Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00401

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald Boyd

Mailing Address 324 S.W. 13Th Place

City

Boca Raton

State

FL

Zip Code

33432-7173

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00402

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Sally E Boyd

Mailing Address 1720 SE 16th Av  
Bldg 200

City

Ocala

State

FL

Zip Code

34471-4620

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00403

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Scott Boyd

Mailing Address 6420 Cherry Hill Parkway

City

Fort Wayne

State

IN

Zip Code

46835-9637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	0	9

Transaction ID: 2009M04L11ai00404

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Susan P. Boyd

Mailing Address 30 Beach Walker Road

City

Fernandina Beach

State

FL

Zip Code

32034-6600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	0	9

Transaction ID: 2009M04L11ai00405

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. T. J. Boyd

Mailing Address P.O. Box 11351

City

Midland

State

TX

Zip Code

79702-8351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	0	/	2	0	0	9

Transaction ID: 2009M04L11ai00406

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. T. J. Boyd

Mailing Address P.O. Box 11351

City

Midland

State

TX

Zip Code

79702-8351

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00407

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Tom Boyd

Mailing Address 510 Strachan Avenue

City

Savannah

State

GA

Zip Code

31406-8418

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00408

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Tom Boyd

Mailing Address 510 Strachan Avenue

City

Savannah

State

GA

Zip Code

31406-8418

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00409

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Alice C. Boyd-Gano

Mailing Address 5308 Pine Forest Road

City

Houston

State

TX

Zip Code

77056-1315

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00410

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gerald E Boyer

Mailing Address 26615 W 103rd Ter

City

Olathe

State

KS

Zip Code

66061-7441

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00411

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gerald E Boyer

Mailing Address 26615 W 103rd Ter

City

Olathe

State

KS

Zip Code

66061-7441

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00412

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael Bozic

Mailing Address 1 Trimont Lane 1000-A

City

Pittsburgh

State

PA

Zip Code

15211-1231

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00413

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John S. Bozik

Mailing Address 12 Annabelle Lane

City

Florham Park

State

NJ

Zip Code

07932-2719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mitchell Supreme Inc.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00414

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Cassandra Brabham

Mailing Address 4 Dunleith Court

City

Irmo

State

SC

Zip Code

29063-8042

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Noel Taylor Agency

Occupation  
Insurance Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00415

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert M. Bradford

Mailing Address 3517 Briarwood Blvd.

City

State

Zip Code

Billings

MT

59101-9406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carpenter Creek, L.L.C.

Occupation

Coal Mine Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00416

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gregory M. Bradley

Mailing Address 55 Jordan Road

City

State

Zip Code

Indianapolis

IN

46217-4001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00417

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory M. Bradley

Mailing Address 55 Jordan Road

City

State

Zip Code

Indianapolis

IN

46217-4001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00418

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
Dennis A Brady

Mailing Address 1455 Ocean Drive  
#1607

City State Zip Code  
Miami Beach FL 33139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00419

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Richard T. Brady

Mailing Address 112 E. Pecan Street  
Suite 1800

City State Zip Code  
San Antonio TX 78205-1521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cox, Smith & Matthews, In-  
c.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00420

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. James D. Braga

Mailing Address 22535 220Th Street

City State Zip Code  
Eldora IA 50627-8313

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00421

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

2400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward O. Bramman

Mailing Address 7408 Granbury Circle

City

Saint Louis

State

MO

Zip Code

63123-2009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00422

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Ann Brandau

Mailing Address 4033 Mary Drive

City

Onalaska

State

WI

Zip Code

54650-8427

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00423

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Allan Brandt

Mailing Address 2510 Jarratt Avenue

City

Austin

State

TX

Zip Code

78703-2433

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00424

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Allan Brandt

Mailing Address 2510 Jarratt Avenue

City

Austin

State

TX

Zip Code

78703-2433

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00425

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Glenn S. Brant

Mailing Address P.O. Box 3396

City

Midland

State

TX

Zip Code

79702-3396

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00426

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Fred Braselton

Mailing Address 6910 Sir Palleas

City

Corpus Christi

State

TX

Zip Code

78413-5303

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Braselton Homes

Occupation

Homebuilder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00427

Amount of Each Receipt this Period

205.00

**SUBTOTAL** of Receipts This Page (optional) .....

955.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Sanford P. Brass

Mailing Address 3000 Ella Lee Ln

City

Houston

State

TX

Zip Code

77019-5910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Gulf Coast Asphalt

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00428

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jane Braswell

Mailing Address 712 Squaw Creek Road

City

Willow Park

State

TX

Zip Code

76087-8252

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00429

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Karl Brauer

Mailing Address 1719 Hidden Villas Dr.

City

Kingwood

State

TX

Zip Code

77339-3333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kbr

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00430

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. George Braun

Mailing Address 5427 Caruth Blvd.

City

Dallas

State

TX

Zip Code

75209-3527

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00431

Amount of Each Receipt this Period

270.00

**B.**

Full Name (Last, First, Middle Initial)

Col. Gustav J. Braun, Jr.

Mailing Address 3104 Little Creek Lane

City

Alexandria

State

VA

Zip Code

22309-2126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00432

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Col. Gustav J. Braun, Jr.

Mailing Address 3104 Little Creek Lane

City

Alexandria

State

VA

Zip Code

22309-2126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai00433

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

470.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Baxter L. Breaux

Mailing Address 4100 Springbrook Drive

City

Odessa

State

TX

Zip Code

79762-8028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00434

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dennis Breck

Mailing Address 1655 Valley Drive

City

Venice

State

FL

Zip Code

34292-4321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00435

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Mary Breidel

Mailing Address R. R. 4 Box 126

City

Okarche

State

OK

Zip Code

73762-9420

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00436

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Nancy L. Breen - Mc Craley

Mailing Address 6195 Storyteller Ct.

City

Reno

State

NV

Zip Code

89511-4352

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Nicholas School

Occupation

Teacher's Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai00437

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Beamer Breiling

Mailing Address 3233 Parkview Court S.E.

City

Cedar Rapids

State

IA

Zip Code

52403-1913

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai00438

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard F. Brenner

Mailing Address 612 Ardrey Circle

City

Davidson

State

NC

Zip Code

28036-7018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 9

Transaction ID: 2009M04L11ai00439

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ann and Kevin Brewer

Mailing Address 115 Earl Street

City

Seaford

State

VA

Zip Code

23696-2312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
lcg

Occupation  
Cfo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai00440

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Maxine Brian

Mailing Address 92 Steeple Chase Drive

City

Media

State

PA

Zip Code

19063-1975

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai00441

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. P. L. Thibaut Brian

Mailing Address 1183 Edgewater Circle

City

Bradenton

State

FL

Zip Code

34209-9745

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 9

Transaction ID: 2009M04L11ai00442

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Neil I. Brickel

Mailing Address 867 Minarca Drive

City

Des Peres

State

MO

Zip Code

63131-2029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00443

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Shane P. Brickley

Mailing Address 10326 Barker Road

City

Oak Hills

State

CA

Zip Code

92344-0253

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00444

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald E Bridges

Mailing Address 154 Paul Dive

City

Brownsboro

State

AL

Zip Code

35741

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Itt/Cas

Occupation

Test Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00445

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Tucker Bridwell

Mailing Address P.O. Box 1616

City State Zip Code  
 Abilene TX 79604-1616

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Mansfield Investment Corp.

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00446

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Philip Briggs

Mailing Address 36896 N. 104Th Place

City State Zip Code  
 Scottsdale AZ 85262-4063

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00447

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
 Ms. Rosemary Briggs

Mailing Address 4711 Watauga Road

City State Zip Code  
 Dallas TX 75209-1923

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00448

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Natalie Bright

Mailing Address 1415 23Rd St.

Sunlight Exploration Inc

City

State

Zip Code

Canyon

TX

79015-5323

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sunlight Exploration, Inc

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00449

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Norman Brinker

Mailing Address 10235 Strait Lane

City

State

Zip Code

Dallas

TX

75229-6533

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00450

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Karyn Bristow

Mailing Address 5 Blackmer Road

City

State

Zip Code

Englewood

CO

80113-6109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00451

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edgar R. Britt

Mailing Address 200 The Glebe Blvd.  
 Apartment 4012

City State Zip Code  
 Daleville VA 24083-3728

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00452

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William E. Britt

Mailing Address 188 D. Edgewater Park

City State Zip Code  
 Bronx NY 10465

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00453

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Peter Broadbent, Jr.

Mailing Address 4804 Cary Street Road

City State Zip Code  
 Richmond VA 23226-1618

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Christian & Barton, Llp

Occupation  
 Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00454

Amount of Each Receipt this Period

330.00

**SUBTOTAL** of Receipts This Page (optional) .....

585.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Brockie

Mailing Address 7529 Maplecrest Drive

City

Dallas

State

TX

Zip Code

75254-2814

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00455

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Gail J. Brockman

Mailing Address 8440 Frederick Pike

City

Dayton

State

OH

Zip Code

45414-1231

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00456

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Peter C. Brockway

Mailing Address 443 Royal Palm Way

City

Boca Raton

State

FL

Zip Code

33432-7945

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Brockway Moran and Partne-  
rs, Inc.

Occupation  
Private Equity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00457

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Vittorio Brod

Mailing Address 1805 Crystal Drive  
 Apartment 213

City State Zip Code  
 Arlington VA 22202-4402

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00458

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mrs. Janet E. Bromley

Mailing Address 2124 Wiltshire Blvd.

City State Zip Code  
 Huntington WV 25701-5345

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00459

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. John L. Bronson

Mailing Address P.O. Box 461

City State Zip Code  
 Krebs OK 74554-0461

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00460

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Erik Bronstein

Mailing Address 318 Rosemary Lane

City

Narberth

State

PA

Zip Code

19072-1120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00461

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Burton W. Brooks

Mailing Address 1443 Badham Drive

City

Birmingham

State

AL

Zip Code

35216-2910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00462

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Burton W. Brooks

Mailing Address 1443 Badham Drive

City

Birmingham

State

AL

Zip Code

35216-2910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00463

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dale Brooks

Mailing Address 79795 Tangelo

City

La Quinta

State

CA

Zip Code

92253-4581

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00464

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David W. Brooks

Mailing Address P. O. Box 3668

City

Fort Myers

State

FL

Zip Code

33918-3668

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00465

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David W. Brooks

Mailing Address P. O. Box 3668

City

Fort Myers

State

FL

Zip Code

33918-3668

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00466

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

420.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. & Mrs. John M. Brooks

Mailing Address 136 Bayou Road

City

Greenville

State

MS

Zip Code

38701-7725

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00467

Amount of Each Receipt this Period

450.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Mary Kay Brooks

Mailing Address P.O. Box 9

City

Sun Prairie

State

WI

Zip Code

53590-0009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00468

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Paul Broome

Mailing Address 3094 Carriage Hills Drive

City

Boulder

State

CO

Zip Code

80302-3411

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00469

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Andrew M. Brown

Mailing Address P.O.Ox 648

City

Gadsden

State

AL

Zip Code

35902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00470

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Anne A. Brown

Mailing Address 212 Knollwood Drive

City

Oxford

State

OH

Zip Code

45056-8784

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai00471

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Caroline Brown

Mailing Address 132 Pamellia Dr

City

Bellaire

State

TX

Zip Code

77401-3712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00472

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

910.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Catherine M. Brown

Mailing Address 3937 Elsa Street

City

Lakewood

State

CA

Zip Code

90712-3872

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00473

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Jean Brown

Mailing Address P. O. Box 738

City

Ignacio

State

CO

Zip Code

81137-0738

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00474

Amount of Each Receipt this Period

115.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey S. Brown

Mailing Address 2294 North 2350 East

City

Layton

State

UT

Zip Code

84040-8054

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00475

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jimmy L. Brown

Mailing Address 8002 Cameron Road

City

Richmond

State

VA

Zip Code

23229-8402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00476

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joel Everett Brown

Mailing Address 125 Cuello Court  
Unit 201

City

Ponte Vedra

State

FL

Zip Code

32082-4079

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00477

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John F. Brown

Mailing Address 1024 Harvard Road

City

Grosse Pointe

State

MI

Zip Code

48230-1454

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
South Field Radiology Ass-  
ociates P.C.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00478

Amount of Each Receipt this Period

660.00

**SUBTOTAL** of Receipts This Page (optional) .....

1060.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Larry L. Brown

Mailing Address 517 Wyss Ridge Drive

City

Fort Wayne

State

IN

Zip Code

46819-2267

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00479

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Larry L. Brown

Mailing Address 517 Wyss Ridge Drive

City

Fort Wayne

State

IN

Zip Code

46819-2267

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00480

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence L. Brown

Mailing Address 335 Alanbrook Avenue

City

Sherwood

State

AR

Zip Code

72120-4832

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00481

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Lionel G Brown

Mailing Address 19 Shepherd Hill Rd

City

Newtown

State

CT

Zip Code

06470

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hand Center Of West. Ct.

Occupation

Hand Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00482

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Miss Louise C. Brown

Mailing Address 465 Broyles Lane

City

Bristol

State

TN

Zip Code

37620-0715

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00483

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Maria Da Gloria G. Brown

Mailing Address 20014 103Rd Court N.E.

City

Bothell

State

WA

Zip Code

98011-2457

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00484

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Otis Brown

Mailing Address 2903 Sugarberry Lane

City

Midlothian

State

VA

Zip Code

23113-1418

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00485

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Owen Brown

Mailing Address 695 River Knoll Dr. Se

City

Marietta

State

GA

Zip Code

30067-4748

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retail Planning Corporati-  
on

Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00486

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard G. Brownd

Mailing Address 288 Koons Road

City

Mossyrock

State

WA

Zip Code

98564-9716

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00487

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Carroll A. Browne

Mailing Address 1005 S. Garfield Drive

City

Sioux Falls

State

SD

Zip Code

57105-0213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00488

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Carroll A. Browne

Mailing Address 1005 S. Garfield Drive

City

Sioux Falls

State

SD

Zip Code

57105-0213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00489

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert W. Browne

Mailing Address 2912 Riviera Blvd.

City

Malaga

State

WA

Zip Code

98828-9733

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00490

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David S. Browning

Mailing Address 8437 Tuttle Avenue  
Unit 310

City State Zip Code  
**Sarasota FL 34243-2868**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 1 3 / 2 0 0 9**

Transaction ID: 2009M04L11ai00491

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David S. Browning

Mailing Address 8437 Tuttle Avenue  
Unit 310

City State Zip Code  
**Sarasota FL 34243-2868**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 0 / 2 0 0 9**

Transaction ID: 2009M04L11ai00492

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ray Brownlie

Mailing Address 10 Cherrymoor Drive

City State Zip Code  
**Englewood CO 80113-6002**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 1 9 / 2 0 0 9**

Transaction ID: 2009M04L11ai00493

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

**400.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert W. Broyles

Mailing Address P.O. Box 100744

City

Fort Worth

State

TX

Zip Code

76185-0744

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00494

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Roger G. Bruce

Mailing Address 5225 S. Prince Street  
Apartment 715

City

Littleton

State

CO

Zip Code

80123-7776

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00495

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mark & Jamie Brunette

Mailing Address 19518 Country Village Drive

City

Spring

State

TX

Zip Code

77388-3083

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northside Plumbing Supply

Occupation

I.M.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00496

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles H. Brunie

Mailing Address 21 Elm Rock Road

City

Bronxville

State

NY

Zip Code

10708-4202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00497

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Don Bryant

Mailing Address 271 County Road 40

City

Muleshoe

State

TX

Zip Code

79347-5233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00498

Amount of Each Receipt this Period

360.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Neil Bryant

Mailing Address P.O. Box 104

City

Shaw Island

State

WA

Zip Code

98286-3229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00499

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1110.00

**TOTAL** This Period (last page this line number only) .....



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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Weston Bubar

Mailing Address 293 Great Moose Drive

City

Hartland

State

ME

Zip Code

04943-3002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00500

Amount of Each Receipt this Period

205.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Barbara H. Buchanan

Mailing Address 628 Trailwood Ln. S.W.

City

Marietta

State

GA

Zip Code

30064-4627

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00501

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David R Buchanan

Mailing Address 6301 E. Huntress Drive

City

Paradise Valley

State

AZ

Zip Code

85253-8001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00502

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1430.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Roger W. Buchanan

Mailing Address 1157 Gurley Dairy Road N.W.

City

Pikeville

State

NC

Zip Code

27863-8732

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00503

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Suzette Buchanan

Mailing Address 1507 Ridgemont Court

City

Fullerton

State

CA

Zip Code

92831-1223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00504

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Suzette Buchanan

Mailing Address 1507 Ridgemont Court

City

Fullerton

State

CA

Zip Code

92831-1223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00505

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Wilton Ray Buchanan

Mailing Address 1595 Elkhart Circle

City

Gastonia

State

NC

Zip Code

28054-7705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00506

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Alex Bucher

Mailing Address 2103 Golden Pond Drive

City

Kingwood

State

TX

Zip Code

77345

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00507

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. August R. Buchhalter

Mailing Address 4910A Meridian Way  
Apartment 7

City

Frederick

State

MD

Zip Code

21703-6886

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pinney Associates

Occupation  
Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00508

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Sara L. Buck

Mailing Address 4535 Province Line Road

City

Princeton

State

NJ

Zip Code

08540-2211

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00509

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Buck

Mailing Address 510 E. 96Th Street  
Suite 500

City

Nora

State

IN

Zip Code

46240-9562

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Merrill Lynch

Occupation  
Financial Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00510

Amount of Each Receipt this Period

380.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Marlene S. Buckley

Mailing Address 4100 Oak Forest Drive

City

Des Moines

State

IA

Zip Code

50312-4633

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00511

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Steven Buckley

Mailing Address 6007 Macon Court S.E.

City

Huntsville

State

AL

Zip Code

35802-1931

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Orthopedic Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00512

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Steven Buckley

Mailing Address 6007 Macon Court S.E.

City

Huntsville

State

AL

Zip Code

35802-1931

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Orthopedic Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00513

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Walter P. Buckthal

Mailing Address 2028 S. Austen  
Apartment 1102

City

Amarillo

State

TX

Zip Code

79109-1961

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00514

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thaddeus J. Buda, Jr.

Mailing Address 2417 Cheltingham Blvd.

City

Lansing

State

MI

Zip Code

48917-5158

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00515

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Timothy J. Buerkle

Mailing Address P.O. Box 2233

City

Sun City

State

AZ

Zip Code

85372-2233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00516

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alfred J. Buescher

Mailing Address 4901 Lakeside Avenue East

City

Cleveland

State

OH

Zip Code

44114-3931

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Interstate Diesel Service,  
Inc.

Occupation  
Business Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00517

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Henry M. Buhl

Mailing Address 114 Greene Street

City

New York

State

NY

Zip Code

10012-3829

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Associates Of Community

Occupation

Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai00518

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Karen L Buhl

Mailing Address 211 Neltom Drive

City

Pierre

State

SD

Zip Code

57501-4806

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00519

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Frank C. Buhlman

Mailing Address 4600 Alpes Way

City

Reno

State

NV

Zip Code

89511-5086

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00520

Amount of Each Receipt this Period

330.00

**SUBTOTAL** of Receipts This Page (optional) .....

1330.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Raymond Bukaty

Mailing Address 1 Corona

City

Irvine

State

CA

Zip Code

92603-5704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00521

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Charlotte E. Bunnell

Mailing Address 700 Black Lake Blvd. SW #131

City

Olympia

State

WA

Zip Code

98502-8631

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00522

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dallas S. Bunton, Sr.

Mailing Address 5827 Rainbow Spring Drive

City

Chattanooga

State

TN

Zip Code

37416-1049

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
North American Credit Ser-  
vice

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00523

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. David M. Burke

Mailing Address 1004 Vassar Road

City

Alexandria

State

VA

Zip Code

22314-4730

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00524

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. David M. Burke

Mailing Address 1004 Vassar Road

City

Alexandria

State

VA

Zip Code

22314-4730

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00525

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. David M. Burke

Mailing Address 1004 Vassar Road

City

Alexandria

State

VA

Zip Code

22314-4730

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai00526

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kelly Burke

Mailing Address 803 Choctaw Lane

City

Shalimar

State

FL

Zip Code

32579-2248

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00527

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

R. J. Burke

Mailing Address 18433 Amistad Street

City

Fountain Valley

State

CA

Zip Code

92708-6906

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tiempo Escrow II

Occupation  
C. E. O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00528

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

R. J. Burke

Mailing Address 18433 Amistad Street

City

Fountain Valley

State

CA

Zip Code

92708-6906

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tiempo Escrow II

Occupation  
C. E. O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00529

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Eugene Burkemper

Mailing Address 24259 Lawson Hill Lane

City

Brashear

State

MO

Zip Code

63533-2522

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00530

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Terry M Burleson

Mailing Address 525 N State Rt 25

City

Dexter

State

MO

Zip Code

63841-1380

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Chrisman Lp Gas

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00531

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. J. Bricker Burns

Mailing Address 1239 Winding Branch Circle

City

Atlanta

State

GA

Zip Code

30338-3935

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00532

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. R. E. Burns

Mailing Address 3370 Clubview Terrace

City

Colorado Springs

State

CO

Zip Code

80906-4419

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00533

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Burow

Mailing Address 107 Country Club Ct.

City

Danville

State

IL

Zip Code

61832-1219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ON Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00534

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Marianne Burrell

Mailing Address 1100 S. Lennox Drive

City

Olathe

State

KS

Zip Code

66062-2240

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai00535

Amount of Each Receipt this Period

255.00

**SUBTOTAL** of Receipts This Page (optional) .....

955.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Donna J. Burrill

Mailing Address P. O. Box 143

City

Fort Collins

State

CO

Zip Code

80522-0143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00536

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Oliver M. Burrows

Mailing Address 2400 Martingail Drive

City

Covina

State

CA

Zip Code

91724-3810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Foothill Family Practice  
Group

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00537

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Raymond & Shirley M. Burt

Mailing Address P.O. Box 888

City

Ilwaco

State

WA

Zip Code

98624-0888

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00538

Amount of Each Receipt this Period

101.00

**SUBTOTAL** of Receipts This Page (optional) .....

601.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Raymond & Shirley M. Burt

Mailing Address P.O. Box 888

City

Ilwaco

State

WA

Zip Code

98624-0888

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00539

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David C Burton

Mailing Address P.O. Box 1347

City

Janesville

State

WI

Zip Code

53547-1347

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Performance Micro Tool

Occupation  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00540

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. R. M. Burton

Mailing Address 6808 Legend Lane

City

Cheyenne

State

WY

Zip Code

82009-8388

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Congressman Lummis

Occupation  
Field Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00541

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. R. M. Burton

Mailing Address 6808 Legend Lane

City

Cheyenne

State

WY

Zip Code

82009-8388

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Congressman Lummis

Occupation

Field Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00542

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert E. Burton

Mailing Address 105 Post Oak Trail

City

Athens

State

GA

Zip Code

30606-1300

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Burton & Burton

Occupation

Gift Distributor & Importer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00543

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Laura J. Busby

Mailing Address 317 Carter Cove

City

Lake City

State

AR

Zip Code

72437-9000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00544

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

5150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Mary Alice Busch

Mailing Address 1509 Cherokee Road

City

Florence

State

SC

Zip Code

29501-4551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00545

Amount of Each Receipt this Period

210.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen & Donna Busch

Mailing Address 2279 Arborcrest Road

City

Moscow

State

ID

Zip Code

83843-9106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Busch Distributors, Inc.

Occupation  
Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00546

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Roger M. Busfield, Jr.

Mailing Address P.O. Box 2267

City

Georgetown

State

TX

Zip Code

78627-2267

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00547

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

910.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Roger M. Busfield, Jr.

Mailing Address P.O. Box 2267

City

Georgetown

State

TX

Zip Code

78627-2267

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00548

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Miriam Bushnell

Mailing Address 11550 N.W. Highway 225 A.

City

Reddick

State

FL

Zip Code

32686-4329

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00549

Amount of Each Receipt this Period

370.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William F. Butin

Mailing Address 312 Duck Lake Drive

City

Lakeway

State

TX

Zip Code

78734-4505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00550

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. James G. Butler

Mailing Address 6010 Thoroughbred Ridge

City

College Station

State

TX

Zip Code

77845-2324

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
I.I.C.A.

Occupation

Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00551

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John A. Butler

Mailing Address 211 Mays Drive

City

Bloomington

State

IL

Zip Code

61701-2032

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Chesser Financial

Occupation

Registered Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00552

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Nona A. Butterworth

Mailing Address 182 Irving Place

City

Basking Ridge

State

NJ

Zip Code

07920-3083

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00553

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Manny D. Buzzell

Mailing Address 6105 Johnson Chapel Road

City

Brentwood

State

TN

Zip Code

37027-5720

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00554

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Walter Byers

Mailing Address 25707 Aiken Switch Road

City

Emmett

State

KS

Zip Code

66422-9719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00555

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael L. Byrd

Mailing Address 25587 Magnolia Rd

City

Hockley

State

TX

Zip Code

77447-5203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bp

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00556

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Milissa Byrd

Mailing Address 6250 Riverside Dr. NW

City

Atlanta

State

GA

Zip Code

30328-3624

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pro Seal Plus

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00557

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Sylvia & Robert Byrd

Mailing Address 12975 Highway 17

City

Montevallo

State

AL

Zip Code

35115-8730

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Green Valley Farms, Inc.

Occupation

Nurseryman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00558

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James P. Byrnes

Mailing Address 1940 Cole Road

City

Nunda

State

NY

Zip Code

14517-9665

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00559

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Byrns

Mailing Address 3900 Valley Oaks Drive

City

Clinton

State

IA

Zip Code

52732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Custom Park, Inc.

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00560

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jann Bytheway

Mailing Address 9135 Golden Gate Avenue

City

Orangevale

State

CA

Zip Code

95662-2219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00561

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Cabanas

Mailing Address 932 Ponce De Leon Blvd.  
#B

City

Coral Gables

State

FL

Zip Code

33134-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00562

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Damon W. Cable

Mailing Address 1025 N. Nielson Street

City

Gilbert

State

AZ

Zip Code

85234-3346

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ev Peds

Occupation

Pediatric Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00563

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Orlando G. Cabrera

Mailing Address 1865 Brickell Avenue  
Apartment A2003

City

Miami

State

FL

Zip Code

33129-1652

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00564

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Orlando G. Cabrera

Mailing Address 1865 Brickell Avenue  
Apartment A2003

City

Miami

State

FL

Zip Code

33129-1652

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00565

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 1940  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Ms. Ellen B. Cadick

Mailing Address 2555 S. Atlantic Avenue  
 Apartment 202

City State Zip Code  
 Daytona Beach FL 32118-5531

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00566

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. David G. Cadiz

Mailing Address 1003 Bishop Street  
 Suite 360

City State Zip Code  
 Honolulu HI 96813-6408

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 C.I.S.

Occupation  
 Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00567

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. John J. Cady

Mailing Address 223 E. Pine Meadows Court

City State Zip Code  
 Andover KS 67002-8840

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai00568

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bill Cagle

Mailing Address 5910 S. University Blvd. #C18432

City State Zip Code  
**Greenwood Village CO 80121**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Independent Production Co  
Inc

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 / 17 / 2009**

**Transaction ID: 2009M04L11ai00569**

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kevin J. Cain

Mailing Address 2329 Eldger Drive

City State Zip Code  
**Plano TX 75025-2146**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hunt Construction Group,  
Inc

Occupation  
Construction Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 / 06 / 2009**

**Transaction ID: 2009M04L11ai00570**

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Miss Marilyn L. Cain

Mailing Address 4044 Via Ingreso

City State Zip Code  
**Cypress CA 90630-3434**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 / 20 / 2009**

**Transaction ID: 2009M04L11ai00571**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

2700.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 197 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kevin E. Calderwood

Mailing Address 1236 Tottenham Court

City

Reston

State

VA

Zip Code

20194-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Amp Capital Partners

Occupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00572

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Sydnee Calderwood

Mailing Address 1236 Tottenham Court

City

Reston

State

VA

Zip Code

20194-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00573

Amount of Each Receipt this Period

2300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. & Mr. Barbara & Myron Calhoun

Mailing Address 1152 Avalon Road

City

Star City

State

AR

Zip Code

71667-8980

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BKD LLP

Occupation  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00574

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

4400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Douglas Callahan

Mailing Address 11011 N. Farm Road 225

City

Fair Grove

State

MO

Zip Code

65648-8532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00575

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John R. Camp, Jr.

Mailing Address 2532 S.W. 50Th Blvd.

City

Gainesville

State

FL

Zip Code

32608-3977

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00576

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John R. Camp, Jr.

Mailing Address 2532 S.W. 50Th Blvd.

City

Gainesville

State

FL

Zip Code

32608-3977

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00577

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John R. Camp, Jr.

Mailing Address 2532 S.W. 50Th Blvd.

City

Gainesville

State

FL

Zip Code

32608-3977

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00578

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara Campbell

Mailing Address 379 Three Fearhers

City

Bozeman

State

MT

Zip Code

59718-7748

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Double-Tree, Inc.

Occupation  
Business Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00579

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard Campbell

Mailing Address 13487 Turtle Pond Lane

City

Palos Heights

State

IL

Zip Code

60463-2700

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00580

Amount of Each Receipt this Period

165.00

**SUBTOTAL** of Receipts This Page (optional) .....

365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Reno G. Caneva

Mailing Address 225 E. 10Th Street

City

Lockport

State

IL

Zip Code

60441-3411

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00581

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lewis C. Canfield

Mailing Address 461 E. 20Th Street

City

Costa Mesa

State

CA

Zip Code

92627-2315

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Newport Lease/Rental

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00582

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Capt. Davis S. Cangalosi, U.S.N. (Re

Mailing Address 1872 B. Spring Hill Road

City

Staunton

State

VA

Zip Code

24401-9011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00583

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Capt. Davis S. Cangalosi, U.S.N. (Re

Mailing Address 1872 B. Spring Hill Road

City

Staunton

State

VA

Zip Code

24401-9011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00584

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Bruce W. Cannon

Mailing Address 118 Forestview Drive

City

Beckley

State

WV

Zip Code

25801-9572

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sheridan Healthcare, Inc.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00585

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Hazel E. Cannon

Mailing Address 6140 Carriage House Way #6

City

Reno

State

NV

Zip Code

89519-7341

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00586

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Hazel E. Cannon

Mailing Address 6140 Carriage House Way #6

City

Reno

State

NV

Zip Code

89519-7341

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00587

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Salvatore J Cantarella

Mailing Address 103 East Orchid Road

City

Wildwood Crest

State

NJ

Zip Code

08260

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allied World Assurance Co-  
mpany

Occupation

Insurance Underwriter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00588

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joaquin Cantillo

Mailing Address 703 Worthington Mill Road

City

Richboro

State

PA

Zip Code

18954-1971

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Trenton Anesthesiology As-  
sociates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00589

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Jean B. Capizzi

Mailing Address 5615 Old State Road

City

Angelica

State

NY

Zip Code

14709-8718

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00590

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Jean B. Capizzi

Mailing Address 5615 Old State Road

City

Angelica

State

NY

Zip Code

14709-8718

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00591

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Jean B. Capizzi

Mailing Address 5615 Old State Road

City

Angelica

State

NY

Zip Code

14709-8718

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00592

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Caponiti

Mailing Address 93 Evergreen Ave.

City

Rye

State

NY

Zip Code

10580-2052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Archimedes Capital Group

Occupation  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00593

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Norma Leone Cappelletti

Mailing Address P.O. Box 4749

City

Pinehurst

State

NC

Zip Code

28374-4749

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00594

Amount of Each Receipt this Period

749.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Joyce Caracci

Mailing Address 5018 Riverwood Circle

City

Jackson

State

MS

Zip Code

39211-4739

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00595

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1449.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Caragher

Mailing Address 34 Cambridge Road

City

Lafayette

State

NJ

Zip Code

07848-3010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Navigators Management Com-  
pany

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00596

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. William E. Carl

Mailing Address P.O. Box 698

City

Beeville

State

TX

Zip Code

78104-0698

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00597

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. William E. Carl

Mailing Address P.O. Box 698

City

Beeville

State

TX

Zip Code

78104-0698

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00598

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles H. Carlan

Mailing Address 3420 Oakmont Drive

City

Pensacola

State

FL

Zip Code

32503-6900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hatch Mott Macdonald

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00599

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Ann Carley

Mailing Address 2900 Palos Verdes Drive N.

City

Rolling Hills

State

CA

Zip Code

90274-4116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00600

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Judy Carley

Mailing Address 4400 N. Irving Street

City

Kingman

State

AZ

Zip Code

86409-2668

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00601

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Judy Carley

Mailing Address 4400 N. Irving Street

City

Kingman

State

AZ

Zip Code

86409-2668

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00602

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Judy Carley

Mailing Address 4400 N. Irving Street

City

Kingman

State

AZ

Zip Code

86409-2668

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00603

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Roy Carls

Mailing Address 625 Kent Ave., Suite 102

City

Cumberland

State

MD

Zip Code

21502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Peak Performance Orthoped-  
ics

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00604

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Don Carlson

Mailing Address 6200 S. Mc Clintock Drive  
Suite 105City State Zip Code  
Tempe AZ 85283-3268FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00605

Amount of Each Receipt this Period

110.00

B.

Full Name (Last, First, Middle Initial)

Mr. &amp; Mrs. Royce Carlson

Mailing Address 518 Easton Avenue

City State Zip Code  
Geneva IL 60134-3032FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R. D. Carlson Insurance  
Agency I.Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00606

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. &amp; Mrs. Donald M. Carlton

Mailing Address 403 Weston Lane

City State Zip Code  
Austin TX 78733-4215FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00607

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

1410.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Adrian Carmack

Mailing Address 1611 Cape Hatteras Pl

City

Rockwall

State

TX

Zip Code

75087-5138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Artist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00608

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kristopher D. Carney

Mailing Address 2 Plymouth Rd.

City

Summit

State

NJ

Zip Code

07901-3232

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Keswick Management Inc

Occupation  
Director Of Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00609

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Anna Carozzi

Mailing Address 1955 Wynstone Circle N.E.

City

North Canton

State

OH

Zip Code

44720-3368

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00610

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Anna Carozzi

Mailing Address 1955 Wynstone Circle N.E.

City

North Canton

State

OH

Zip Code

44720-3368

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00611

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert R. Carpenter, III

Mailing Address P.O. Box 732

City

Montchanin

State

DE

Zip Code

19710-0732

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00612

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Oliver T Carr

Mailing Address 1750 H Street NW

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Oliver T Carr Company

Occupation

Real Estate

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00373

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David Carr

Mailing Address P.O. Box 574

City

State

Zip Code

Junction City

KS

66441-0574

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00613

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeff Carr

Mailing Address 5826 Garth Circle Nw

City

State

Zip Code

Canton

OH

44718-1373

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jeffrey Carr Construction  
Inc.

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00614

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Milton D. Carr

Mailing Address 402 Summer Drive

City

State

Zip Code

Mesquite

TX

75149-2537

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00615

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Ruth A. Carr

Mailing Address 325 Cabin Grove Lane

City

Saint Louis

State

MO

Zip Code

63141-8171

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carr Textile Corp

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00616

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. P. I. Carraway, Jr.

Mailing Address 504 Bunker Drive

City

Virginia Beach

State

VA

Zip Code

23462-4508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00617

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ralph R. Carruthers

Mailing Address 601 Glenway Drive

City

Hamilton

State

OH

Zip Code

45013-3578

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00618

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Thomas & Susan Carruthers

Mailing Address 400 Oak Drive

City

Glendale

State

OH

Zip Code

45246-4716

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00619

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Francis W. Carson

Mailing Address 2309 Apparation Court

City

Saint George

State

UT

Zip Code

84790-8001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00620

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Daniel R. Carter

Mailing Address 5723 Garden Point Drive

City

Kingwood

State

TX

Zip Code

77345-1753

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00621

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Vicki A. Carter

Mailing Address 1987 Woodlake Drive

City

Orange Park

State

FL

Zip Code

32003-7227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00622

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. W. L. Carter, Jr.

Mailing Address 261 S. Lake Pansy Drive

City

Winter Haven

State

FL

Zip Code

33881-9547

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00623

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Janice G. Cartwright

Mailing Address P.O. Box 387

City

Pauma Valley

State

CA

Zip Code

92061-0387

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00624

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Calvin R. Carver

Mailing Address 105 Stewart Road

City

Short Hills

State

NJ

Zip Code

07078-1923

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00625

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Royce J. Carville

Mailing Address 2122 North Avenue

City

Grand Junction

State

CO

Zip Code

81501-6429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00626

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Royce J. Carville

Mailing Address 2122 North Avenue

City

Grand Junction

State

CO

Zip Code

81501-6429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00627

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John B. Cary

Mailing Address 266 Raymond Drive

City

Benicia

State

CA

Zip Code

94510-2739

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Art, Llc

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00628

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Margaret Casanova

Mailing Address 2525 Cal Young Road  
Apartment 232

City

Eugene

State

OR

Zip Code

97401-6474

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00629

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Royce B. Casey

Mailing Address 1412 Modeste Dr.

City

League City

State

TX

Zip Code

77573-3032

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00630

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 217 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Samuel B. Casey

Mailing Address 3138 Barkley Drive

City

Fairfax

State

VA

Zip Code

22031-2721

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Christian Legal Society

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00631

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Omar A. Cassola

Mailing Address 16666 N.W. 19th Avenue

City

North Miami Beach

State

FL

Zip Code

33162

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Girosol Corporation

Occupation  
Engineer/President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00632

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ricardo Castaneda

Mailing Address 3202 Queensbury Way W.

City

Colleyville

State

TX

Zip Code

76034-4740

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00633

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1075.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frank Catapano

Mailing Address 3 Hickory Pond Lane

City

Stratham

State

NH

Zip Code

03885-2496

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00634

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary F. Cater

Mailing Address P.O. Box 194

City

Central

State

SC

Zip Code

29630-0194

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00635

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary F. Cater

Mailing Address P.O. Box 194

City

Central

State

SC

Zip Code

29630-0194

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00636

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

195.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary F. Cater

Mailing Address P.O. Box 194

City

Central

State

SC

Zip Code

29630-0194

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00637

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Rebecca A. Cates

Mailing Address P.O. Box 632

City

Cle Elum

State

WA

Zip Code

98922-0632

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Expeditors International  
Of Wa

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00638

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Richard J Cavallaro

Mailing Address 100 Dascomb Road

City

Andover

State

MA

Zip Code

01810-5852

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Empirix

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00639

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

585.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Richard J Cavallaro

Mailing Address 100 Dascomb Road

City

Andover

State

MA

Zip Code

01810-5852

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Empirix

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00640

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Wylie D. Cavin, III

Mailing Address 6409 Landmark Drive

City

Alexandria

State

LA

Zip Code

71301-2344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mitchell Law Firm

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00641

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Harry W. Cawthon

Mailing Address 59 Lakeshore Drive

City

Shalimar

State

FL

Zip Code

32579-2209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00642

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Harry W. Cawthon

Mailing Address 59 Lakeshore Drive

City

Shalimar

State

FL

Zip Code

32579-2209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00643

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Agatha M. Cayia

Mailing Address 3895 S.E. 20Th Street

City

Ocala

State

FL

Zip Code

34471-5665

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00644

Amount of Each Receipt this Period

205.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark T. Caylor

Mailing Address 12441 Atherton Road

City

Anchorage

State

AK

Zip Code

99516-2912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alaska Native Medical Cen-  
ter

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00645

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

555.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Martha E. Cepero

Mailing Address 1801 S.W. 99Th Place

City

Miami

State

FL

Zip Code

33165-7552

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00646

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Martha E. Cepero

Mailing Address 1801 S.W. 99Th Place

City

Miami

State

FL

Zip Code

33165-7552

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00647

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Marion Cernac

Mailing Address 2141 La Madrona Drive

City

Santa Cruz

State

CA

Zip Code

95060-1042

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Quality Home Care

Occupation  
Home Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00648

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 1940  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey J. Chad

Mailing Address 3525 Caruth Blvd.

City

Dallas

State

TX

Zip Code

75225-5002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Riechad U. S. A., Inc.

Occupation  
 Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00649

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Harriet Chafee

Mailing Address 20 Stone Tower Lane

City

Barrington

State

RI

Zip Code

02806-4914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00650

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Harriet Chafee

Mailing Address 20 Stone Tower Lane

City

Barrington

State

RI

Zip Code

02806-4914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00651

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 1940

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. David B. Chaffe, III

Mailing Address 1546 Jefferson Avenue

City

New Orleans

State

LA

Zip Code

70115-4121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Chaffe & Associates, Inc.

Occupation

Investment Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00652

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Evan Chaffey

Mailing Address 215 Sunbury Street

City

Providence

State

RI

Zip Code

02908-1324

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00653

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Evan Chaffey

Mailing Address 215 Sunbury Street

City

Providence

State

RI

Zip Code

02908-1324

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00654

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kevin G. Champagne

Mailing Address 345 Thames Street  
Unit 505

City Bristol State RI Zip Code 02809-1979

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00655

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Belt Chandler

Mailing Address 7400 Lakeshore Dr.

City Quinton State VA Zip Code 23141-1158

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00656

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Philip Chapman

Mailing Address 2956 East Del Mar Blvd.  
Apartment 243

City Pasadena State CA Zip Code 91107-4388

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00657

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Philip Chapman

Mailing Address 2956 East Del Mar Blvd.  
 Apartment 243

City State Zip Code  
 Pasadena CA 91107-4388

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00658

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Philip Chapman

Mailing Address 2956 East Del Mar Blvd.  
 Apartment 243

City State Zip Code  
 Pasadena CA 91107-4388

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00659

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Nestor R. Charriez

Mailing Address 4 Wheatley Court

City State Zip Code  
 Scotch Plains NJ 07076-2545

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Harrison Scott Publicatio-  
ns, Inc.

Occupation  
Accountant/Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00660

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Neal Chastain

Mailing Address 4022 18Th Street  
 Apartment 12C

City Lubbock State TX Zip Code 79416-6027

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00661

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Neal Chastain

Mailing Address 4022 18Th Street  
 Apartment 12C

City Lubbock State TX Zip Code 79416-6027

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00662

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Ara A. Cherchian

Mailing Address 3100 Nagawicka Road

City Hartland State WI Zip Code 53029-9355

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00663

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert E Chesebro

Mailing Address 216 Euclid Avenue

City

Sheboygan

State

WI

Zip Code

53083

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wigwam Mills Inc.

Occupation  
Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00664

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. H. R. Cheshire

Mailing Address P.O. Box 1610

City

Statesboro

State

GA

Zip Code

30459-1610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00665

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. H. R. Cheshire

Mailing Address P.O. Box 1610

City

Statesboro

State

GA

Zip Code

30459-1610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00666

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

610.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 229 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Victor Chigas, Sr.

Mailing Address 118 N. Clinton Street  
Suite 150

City State Zip Code  
Chicago IL 60661-2394

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 9

Transaction ID: 2009M04L11ai00667

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Md. James Childers

Mailing Address 3901 Se Saint Lucie Blvd.

City State Zip Code  
Stuart FL 34997-6184

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 9

Transaction ID: 2009M04L11ai00668

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Hoyt A Childs

Mailing Address 6611 Lizzie Lane

City State Zip Code  
Owens Cross Roads AL 35763-9358

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 9

Transaction ID: 2009M04L11ai00669

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Connie L. Chin

Mailing Address 19352 Trino Circle

City

Yorba Linda

State

CA

Zip Code

92886-5537

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00670

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Vincent R. Chiodo

Mailing Address 1415 County Road 4857

City

Dilley

State

TX

Zip Code

78017-4509

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00671

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Vincent R. Chiodo

Mailing Address 1415 County Road 4857

City

Dilley

State

TX

Zip Code

78017-4509

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00672

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

730.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 231 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Do Choe

Mailing Address 6103 Aberdeen Avenue

City State Zip Code  
 Dallas TX 75230-5003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00673

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
 Miss Margaret M. Christ

Mailing Address 2520 Witters Street

City State Zip Code  
 Saginaw MI 48602-3863

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00674

Amount of Each Receipt this Period

140.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. R. Keith Christensen

Mailing Address 2345 Newfound Harbor Drive

City State Zip Code  
 Merritt Island FL 32952-2840

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00675

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1340.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 232 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. R. Keith Christensen

Mailing Address 2345 Newfound Harbor Drive

City State Zip Code  
**Merritt Island FL 32952-2840**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 1 3 / 2 0 0 9**

Transaction ID: 2009M04L11ai00676

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David C. Christian, II

Mailing Address 3740 N. Lake Shore Drive  
 Apartment 2A

City State Zip Code  
**Chicago IL 60613-4201**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 0 3 / 2 0 0 9**

Transaction ID: 2009M04L11ai00677

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald G. Christian

Mailing Address 3443 Mandeville Canyon Road

City State Zip Code  
**Los Angeles CA 90049-1019**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rivers & Christian

Occupation  
Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 0 9 / 2 0 0 9**

Transaction ID: 2009M04L11ai00678

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Frank R. Christian

Mailing Address 411 Ashland Avenue  
 Apartment 6D

City State Zip Code  
 River Forest IL 60305-1855

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00679

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Langdon Taylor Christian, IV

Mailing Address 13 Partridge Hill Road

City State Zip Code  
 Richmond VA 23238-6219

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00680

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Langdon Taylor Christian, IV

Mailing Address 13 Partridge Hill Road

City State Zip Code  
 Richmond VA 23238-6219

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00681

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Christiansen

Mailing Address 1312 Bighorn Road

City

Helena

State

MT

Zip Code

59602-7611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Us Government

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00682

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth K. Christie

Mailing Address 2019 North Kenmore Avenue

City

Chicago

State

IL

Zip Code

60614-4107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai00683

Amount of Each Receipt this Period

30400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Brian S. Christine

Mailing Address 506 Dexter Ave.

City

Mountain Brook

State

AL

Zip Code

35213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Urology Centers Of Alabama

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00684

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

30750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 1940

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Wilkin Chu

Mailing Address 41-47 150th Street

City

Flushing

State

NY

Zip Code

11355-1023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wilkin Chu & Associates

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00685

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Burton Chubeck

Mailing Address 6230 Buckingham Street

City

Sarasota

State

FL

Zip Code

34238-2757

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00686

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James B. Church

Mailing Address 3620 Sw 309Th Street

City

Federal Way

State

WA

Zip Code

98023-2196

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00687

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 236 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James B. Church

Mailing Address 3620 Sw 309Th Street

City

Federal Way

State

WA

Zip Code

98023-2196

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00688

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Howard Cicon

Mailing Address 168 Bradley Blvd.

City

Richland

State

WA

Zip Code

99352-4386

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00689

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Phyllis J. Ciez

Mailing Address 11524 119Th Avenue

City

Cedar Lake

State

IN

Zip Code

46303-9769

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00690

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2550.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Edgar Cintron

Mailing Address 1360 Covelanding Drive

City

Atlantic Beach

State

FL

Zip Code

32233-6385

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surface Tech. Corp.

Occupation  
Floor Mech.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00691

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Deborah Cirabisi

Mailing Address 4 Peconic Court

City

Commack

State

NY

Zip Code

11725-1346

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00692

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald King Cirillo

Mailing Address 2 Long Woods Lane

City

East Hampton

State

NY

Zip Code

11937-1259

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Solomon, Smith & Barney,  
Inc.

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00693

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 238 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gary J. Clancey

Mailing Address 3351 Green Cliffs Road

City

Anacortes

State

WA

Zip Code

98221-8250

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00694

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles D. Clark

Mailing Address 3885 Lander Road  
Unit 5

City

Chagrin Falls

State

OH

Zip Code

44022-3702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The University of Akron

Occupation  
Administrator/Lobbyist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00695

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James M. Clark

Mailing Address 350 Seaspray Avenue

City

Palm Beach

State

FL

Zip Code

33480-0042

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00696

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

970.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 239 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James R. Clark

Mailing Address 136 Woodland Ranch Road

City

Boerne

State

TX

Zip Code

78015-8341

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00697

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mayree C. Clark

Mailing Address 14 E. 93Rd Street  
#Morgan

City

New York

State

NY

Zip Code

10128-0610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00698

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Nancy & Buck Clark

Mailing Address 570 Glenwood Road

City

Pasco

State

WA

Zip Code

99301-8661

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00699

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 240 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Nancy & Buck Clark

Mailing Address 570 Glenwood Road

City

Pasco

State

WA

Zip Code

99301-8661

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00700

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Nancy & Buck Clark

Mailing Address 570 Glenwood Road

City

Pasco

State

WA

Zip Code

99301-8661

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00701

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard L. Clark

Mailing Address 575 Holland Dive

City

Fortson

State

GA

Zip Code

31808-3707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00702

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 241 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas J. Clark

Mailing Address 4510 Pine Mountain Road

City

Birmingham

State

AL

Zip Code

35213-1828

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kellogg Brown Root

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00703

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William M. Clark

Mailing Address 554 Scattergood Court

City

Morrisville

State

PA

Zip Code

19067-1851

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Evonik-Degussa Corporation

Occupation  
E.S.H.Q. Compliance Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00704

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edwin V. Clarke, Jr.

Mailing Address 629 Academy Ave

City

Sewickley

State

PA

Zip Code

15143-1171

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00705

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard E. Clarke

Mailing Address 14923 S.E. 364Th Street

City

Auburn

State

WA

Zip Code

98092-9404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	9	

Transaction ID: 2009M04L11ai00706

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Clarkson

Mailing Address 26233 187Th Place S.E.

City

Covington

State

WA

Zip Code

98042-8440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	9	

Transaction ID: 2009M04L11ai00707

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Norman O. Clary

Mailing Address 4417 Laurel Road

City

Alexandria

State

VA

Zip Code

22309-2522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	9	

Transaction ID: 2009M04L11ai00708

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David H. Classon

Mailing Address P.O. Box 298

City

Newport

State

VT

Zip Code

05855-0298

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00709

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gerald Cleary

Mailing Address 79517 Liga

City

La Quinta

State

CA

Zip Code

92253-4841

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00710

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Cleary

Mailing Address 4621 Windsor Ridge Drive

City

Irving

State

TX

Zip Code

75038-6313

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00711

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William T. Cleary, Jr.

Mailing Address 561 Asharoken Avenue

City

Northport

State

NY

Zip Code

11768-1121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
USI Consulting Group

Occupation  
Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00712

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John A. Clees

Mailing Address 4342 Sunset Beach Drive N.W.

City

Olympia

State

WA

Zip Code

98502-1570

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
R.S.M. Mc Gloder

Occupation  
C.P.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00713

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Walter Clemens

Mailing Address 3490 Blackhawk Road

City

Lafayette

State

CA

Zip Code

94549-2347

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00714

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William P. Clements, Jr.

Mailing Address 1901 N. Akard Street  
 Cumberland Hill

City State Zip Code  
 Dallas TX 75201-2305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00715

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Edsel L. Cleveland

Mailing Address 11905 Hutcheson Ferry Road

City State Zip Code  
 Palmetto GA 30268-2132

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nationwide

Occupation  
Trucking

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00716

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Julia Cline-Sellers

Mailing Address 5 Woodhill Circle

City State Zip Code  
 Columbia SC 29209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00717

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 246 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Peter Cloeren

Mailing Address 6325 Bent Water Dr

City

Orange

State

TX

Zip Code

77632

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cloeren Incorporated

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00718

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Dale E. Cloyd

Mailing Address 310 S. Fayette Street

City

Alexandria

State

VA

Zip Code

22314-5903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Walter Reed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00719

Amount of Each Receipt this Period

180.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Alan J. Cobb

Mailing Address 3121 Adrian Place

City

Falls Church

State

VA

Zip Code

22044-1802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Department Of Energy

Occupation  
Senior Policy Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00720

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

930.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. W. R. Cobb

Mailing Address 336 E. Coconut Palm Road

City

Boca Raton

State

FL

Zip Code

33432-7916

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai00721

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth Irwin Coco

Mailing Address 225 Deer Crossing Way

City

Henderson

State

NV

Zip Code

89012-2289

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 9

Transaction ID: 2009M04L11ai00722

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James R. Coffee

Mailing Address 5724 Hagen Court

City

Dallas

State

TX

Zip Code

75252-4971

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai00723

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1470.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steve Coffield

Mailing Address 911 Reverdy Lane

City

Matthews

State

NC

Zip Code

28105-6804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00724

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Sandra Coffman

Mailing Address P.O. Box 10625

City

Fort Smith

State

AR

Zip Code

72917-0625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00725

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Sandra Coffman

Mailing Address P.O. Box 10625

City

Fort Smith

State

AR

Zip Code

72917-0625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00726

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. David B. Cogdill

Mailing Address 221 Scurry Pass

City

Georgetown

State

TX

Zip Code

78633-4929

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00727

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Col. David R. Coggins

Mailing Address 20550 Huebner Road  
Unit 132

City

San Antonio

State

TX

Zip Code

78258-3980

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00728

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Debra Cohen

Mailing Address 1610 W. Coast Highway

City

Newport Beach

State

CA

Zip Code

92663-5029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Newport Beach Veterin-  
ary H

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00729

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark L. Cohen

Mailing Address 125 Chestnut Street

City

Concord

State

MA

Zip Code

01742-2646

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
O P R S INC

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00730

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Mary Cohen

Mailing Address 1350 E Flamingo Road  
Suite 562

City

Las Vegas

State

NV

Zip Code

89119-5271

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00731

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael L. Cohen

Mailing Address 510 Blair Avenue

City

Piedmont

State

CA

Zip Code

94611-3735

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Resp Med Group,inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00732

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Kathryn S. Colachis

Mailing Address 1001 Genter Street  
 Ph 9

City State Zip Code  
 La Jolla CA 92037-5539

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00733

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. & Mrs. F. Hammond Cole, Jr.

Mailing Address 6195 Boskey Drive

City State Zip Code  
 Millington TN 38053-6901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ann Renners

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00734

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gerald M. Cole

Mailing Address 680 N. Lake Shore Drive  
 Unit 824

City State Zip Code  
 Chicago IL 60611-8702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00735

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Sally S. Cole

Mailing Address P.O. Box 6190

City

Carefree

State

AZ

Zip Code

85377-6190

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00736

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Sally S. Cole

Mailing Address P.O. Box 6190

City

Carefree

State

AZ

Zip Code

85377-6190

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00737

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles A. Coleman

Mailing Address 6803 Fallbrook Court

City

Colleyville

State

TX

Zip Code

76034-6571

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00738

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Douglas R. Coleman, Jr.

Mailing Address 140 S. Brown Road

City

Long Lake

State

MN

Zip Code

55356-9134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai00739

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dennis J. Colgan, Jr.

Mailing Address 12 Cove Road

City

Moorestown

State

NJ

Zip Code

08057-3950

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Barthco Intl. Inc.

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 9

Transaction ID: 2009M04L11ai00740

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael E. Colgrove

Mailing Address P.O. Box 2183

City

Homer

State

AK

Zip Code

99603-2183

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 9

Transaction ID: 2009M04L11ai00741

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael E. Colgrove

Mailing Address P.O. Box 2183

City

Homer

State

AK

Zip Code

99603-2183

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00742

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael E. Colgrove

Mailing Address P.O. Box 2183

City

Homer

State

AK

Zip Code

99603-2183

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00743

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Malcolm E. Collier, Jr.

Mailing Address 3045 Gardenia Street

City

Golden

State

CO

Zip Code

80401-6205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00744

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

620.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James E. Collings

Mailing Address 410 38Th Street

City

Newport Beach

State

CA

Zip Code

92663-3219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00745

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

James Collins

Mailing Address 6606 Tenth St. A-1

City

Alexandria

State

VA

Zip Code

22307-6606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00746

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Collins

Mailing Address 2199 S. Sailors Way

City

Gilbert

State

AZ

Zip Code

85295-5453

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00747

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Joseph J. Collins

Mailing Address Fort L.J. Mc Nair  
 National War College

City State Zip Code  
 Washington DC 20319-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Department Of Defense

Occupation  
 Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00748

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)  
 Price Collins

Mailing Address 2509 Cove Hollow Ct.

City State Zip Code  
 Rowlett TX 75088

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Wilson, Elser

Occupation  
 Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00749

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Ronnie E. Collins

Mailing Address 1411 Gentle Way

City State Zip Code  
 Prosper TX 75078-9523

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00750

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

690.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Virginia Collins

Mailing Address 940 Tournament Drive

City

Hillsborough

State

CA

Zip Code

94010-7428

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00751

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Wanda J. Collins

Mailing Address 104 Old Brook Court

City

Norman

State

OK

Zip Code

73072-4555

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00752

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. David Colville

Mailing Address 1275 County Road 17

City

Del Norte

State

CO

Zip Code

81132-9759

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai00753

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Nelson Colvin

Mailing Address 8754 Jumilla Avenue

City

Northridge

State

CA

Zip Code

91324-3322

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Golden Oak Coop Corporati-  
on

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00754

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Combs

Mailing Address 30 W. Glenchester Drive

City

Long Beach

State

CA

Zip Code

90805-6926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Terms Company

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00755

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles Compton

Mailing Address P.O. Box 1084

City

Addison

State

TX

Zip Code

75001-1084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mission Foods

Occupation  
Procurement Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00756

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William P. Conboy

Mailing Address 3 Andrea Way

City

Califon

State

NJ

Zip Code

07830-3403

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00757

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Condon

Mailing Address P.O. Box 1187

City

Oakley

State

CA

Zip Code

94561-1187

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Uss/Posco

Occupation  
Mechanic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00758

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James M. Conlin, Jr.

Mailing Address 1531 Winslow Dr.

City

Hudson

State

OH

Zip Code

44236-4604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00759

Amount of Each Receipt this Period

65.00

**SUBTOTAL** of Receipts This Page (optional) .....

840.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daniel Connealy

Mailing Address 2108 W. 114Th Street

City

Leawood

State

KS

Zip Code

66211-3060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Waddell & Reid Financial  
Inc.

Occupation  
C.F.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00760

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Conner

Mailing Address 4601 S Balsam Way  
Apt 313

City

Littleton

State

CO

Zip Code

80123-5440

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jeppesen

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00761

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael G. Connolly

Mailing Address 75 Fernwood Road

City

Larchmont

State

NY

Zip Code

10538-1705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
H.S.B.C. Bank U.S.A.

Occupation  
Precious Metals Trader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00762

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Randal G. Conrads

Mailing Address 14201 S.E. Petrovitsky Road  
 #A3-382

City State Zip Code  
 Renton WA 98058-8986

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00763

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin Conroy

Mailing Address 19915 N 102nd PI

City State Zip Code  
 Scottsdale AZ 85255

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Business Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00764

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Cheryl Cook

Mailing Address 106 Nolan Circle

City State Zip Code  
 Marietta OH 45750-1237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Marietta City Schools, Ma-  
rietta Ohio

Occupation  
Elementary Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00765

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

3250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Jon S. & Janet Cook

Mailing Address 555 5Th Avenue N.E.  
Unit 524

City State Zip Code  
**St. Petersburg FL 33701-1200**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 23 2009**

Transaction ID: 2009M04L11ai00766

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Cook

Mailing Address 8299 Garden View Road N.

City State Zip Code  
**Nisswa MN 56468-2423**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 18 2009**

Transaction ID: 2009M04L11ai00767

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Liliane F. Cooke

Mailing Address 829 71St Street  
Apartment 2

City State Zip Code  
**Brooklyn NY 11228-1016**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 19 2009**

Transaction ID: 2009M04L11ai00768

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael R. Cooke

Mailing Address 407 Queensway Road

City

Richmond

State

VA

Zip Code

23236-3152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cooke's Delivery Service

Occupation

Delivery Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00769

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael R. Cooke

Mailing Address 407 Queensway Road

City

Richmond

State

VA

Zip Code

23236-3152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cooke's Delivery Service

Occupation

Delivery Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00770

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Retha Cooke

Mailing Address 600 Angela Lane

City

Greenville

State

TX

Zip Code

75402-3326

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00771

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Walter F. Cooley, III

Mailing Address 2015 Wilderness Point Drive

City State Zip Code  
**Kingwood TX 77339-2238**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 North Harris Montgomery  
 Commun. Collge.

Occupation  
**Director Of Risk Management**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 17 2009**

**Transaction ID: 2009M04L11ai00772**

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John A. Cooney

Mailing Address 3323 N. Bunchberry Way

City State Zip Code  
**Boise ID 83704-0717**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 30 2009**

**Transaction ID: 2009M04L11ai00773**

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Allen W Cooper

Mailing Address 3512 S. 15th Street

City State Zip Code  
**Arlington VA 22204-5011**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Xerox

Occupation  
 Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 27 2009**

**Transaction ID: 2009M04L11ai00774**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

**420.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Allen W Cooper

Mailing Address 3512 S. 15th Street

City

Arlington

State

VA

Zip Code

22204-5011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Xerox

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00775

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bruce Cooper

Mailing Address 143 Barksdale Lane

City

Mooreville

State

NC

Zip Code

28117-6613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00776

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Cleve R. Cooper

Mailing Address 2620 E. Hiawatha Drive

City

Wasilla

State

AK

Zip Code

99654-2853

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
State Of Aaska Dot/Pf

Occupation  
Lab Technician ( Retired )

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00777

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ted & Wilma Cooper

Mailing Address 2069 County Road 240

City

Durango

State

CO

Zip Code

81301-7951

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00778

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Faith Copeland

Mailing Address 7501 Anaqua Drive

City

Austin

State

TX

Zip Code

78750-7913

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00779

Amount of Each Receipt this Period

99.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Allan W. Corcoran

Mailing Address 9414 Parkwood Court

City

Fort Myers

State

FL

Zip Code

33908-2857

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00780

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

369.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Allan W. Corcoran

Mailing Address 9414 Parkwood Court

City

Fort Myers

State

FL

Zip Code

33908-2857

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00781

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Carl D. Corley

Mailing Address 2905 N. 32Nd Street

City

Fort Smith

State

AR

Zip Code

72904-4202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carco Rentals Inc.

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00782

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Rosalie M. Cornell

Mailing Address 1010 Scott Park Drive  
Apartment 302

City

Iowa City

State

IA

Zip Code

52245-3979

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00783

Amount of Each Receipt this Period

65.00

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Rosalie M. Cornell

Mailing Address 1010 Scott Park Drive  
 Apartment 302

City State Zip Code  
 Iowa City IA 52245-3979

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00784

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Rosalie M. Cornell

Mailing Address 1010 Scott Park Drive  
 Apartment 302

City State Zip Code  
 Iowa City IA 52245-3979

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00785

Amount of Each Receipt this Period

65.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Lila L. Correa

Mailing Address 5810 Cross Creek Circle

City State Zip Code  
 Tyler TX 75703-0506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00786

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

265.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Pat Corrigan

Mailing Address 3645 90Th Avenue

City

Vero Beach

State

FL

Zip Code

32966-6661

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00787

Amount of Each Receipt this Period

180.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Helen L. Corsentino

Mailing Address 1211 S. Prairie Avenue  
Unit 2001

City

Chicago

State

IL

Zip Code

60605-2828

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00788

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Helen L. Corsentino

Mailing Address 1211 S. Prairie Avenue  
Unit 2001

City

Chicago

State

IL

Zip Code

60605-2828

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00789

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

305.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Helen L. Corsentino

Mailing Address 1211 S. Prairie Avenue  
Unit 2001

City State Zip Code  
Chicago IL 60605-2828

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00790

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Joanne Corsiglia

Mailing Address P.O. Box 869

City State Zip Code  
Osterville MA 02655-0869

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00791

Amount of Each Receipt this Period

1100.00

**C.**

Full Name (Last, First, Middle Initial)

Sarah Corum

Mailing Address 1123 N Comstock St

City State Zip Code  
Visalia CA 93292-4403

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00792

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John G. Corwin

Mailing Address 4449 Meandering Way

City

Tallahassee

State

FL

Zip Code

32308-5747

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00793

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Michael J Cosgrove

Mailing Address 8 Mill Pond Lane

City

New Rochelle

State

NY

Zip Code

10805

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ge

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00794

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George A. Costan

Mailing Address 501 V. East Road  
Apt. B306

City

Lynchburg

State

VA

Zip Code

24503-4368

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00795

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Anthony P. Costella

Mailing Address 810 N.C. Highway 343 N.

City

Camden

State

NC

Zip Code

27921-8315

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00796

Amount of Each Receipt this Period

105.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph V. Costello

Mailing Address 1880 Lombard Street

City

San Francisco

State

CA

Zip Code

94123-2910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00797

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. D. Eileen Cotnam

Mailing Address 1671 N.W. Vale Court

City

Roseburg

State

OR

Zip Code

97471-1788

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00798

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

465.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Brenda Cotter

Mailing Address P.O. Box 459

City

Stockdale

State

TX

Zip Code

78160-0459

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cotter Resources, Inc.

Occupation

CEO, Presiden,t Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00799

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark D. Cotterell

Mailing Address 2214 E. Oak Avenue

City

Hainesport

State

NJ

Zip Code

08036-3520

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Integrated Laminate Systems

Occupation

C.N.C. Operator Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00800

Amount of Each Receipt this Period

155.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James V. Cottrell

Mailing Address 3405 N.E. Royal Oaks Drive

City

Vancouver

State

WA

Zip Code

98662-5421

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00801

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

505.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Charlotte Couillard

Mailing Address 33228 Road 132

City

Visalia

State

CA

Zip Code

93292-9386

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00802

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Harold B. Coulter

Mailing Address 1117 Wedgewood Court

City

Decatur

State

IL

Zip Code

62526-9795

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Swartz Properties

Occupation

Real Estate Property Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00803

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Courduff

Mailing Address 2410 Camp Rock Hill Road

City

Quakertown

State

PA

Zip Code

18951-2200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Warwick Township Water &  
Sewer Authority

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00804

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 275 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. L. Kirk Courson

Mailing Address P.O. Box 809

City

Perryton

State

TX

Zip Code

79070-0809

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00805

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Q. P. Courtney, III

Mailing Address P.O. Box 10004

City

Midland

State

TX

Zip Code

79702-7004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
H.L. Brown Operating L.L.-  
C.

Occupation

Interior Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00806

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Sam A. Covelli

Mailing Address 3900 E. Market Street

City

Warren

State

OH

Zip Code

44484-4708

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00807

Amount of Each Receipt this Period

550.00

**SUBTOTAL** of Receipts This Page (optional) .....

2450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 276 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Margaret P. Cowden

Mailing Address 1 Churchill Way

City

Midland

State

TX

Zip Code

79705-1804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00808

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. R. M. Coyle

Mailing Address 401 E. State Street

City

Rockford

State

IL

Zip Code

61104-1027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00809

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Coyne, Jr.

Mailing Address 10 Bergen Avenue

City

Voorhees

State

NJ

Zip Code

08043-1217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00810

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Lometa J. Cragg

Mailing Address P.O. Box 458

City

Marfa

State

TX

Zip Code

79843-0458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Faith Alive Cowboy Church

Occupation  
Pastor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00811

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James F. Cramer

Mailing Address 656 N. Mac Donald

City

Mesa

State

AZ

Zip Code

85201-5020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00812

Amount of Each Receipt this Period

135.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Nancy M. Crandall

Mailing Address 41688 Via Aregio

City

Palm Desert

State

CA

Zip Code

92260-1745

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00813

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

535.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Guy R. Crane

Mailing Address 77 E. Walton Street  
Suite 26C

City State Zip Code  
Chicago IL 60611-2299

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00814

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Miss Susan F. Crary

Mailing Address 1015 Fox Hill Road

City State Zip Code  
State College PA 16803-1822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00815

Amount of Each Receipt this Period

325.00

**C.**

Full Name (Last, First, Middle Initial)

Miss Susan F. Crary

Mailing Address 1015 Fox Hill Road

City State Zip Code  
State College PA 16803-1822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00816

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Miss Susan F. Crary

Mailing Address 1015 Fox Hill Road

City

State

Zip Code

State College

PA

16803-1822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00817

Amount of Each Receipt this Period

325.00

**B.**

Full Name (Last, First, Middle Initial)

Miss Susan F. Crary

Mailing Address 1015 Fox Hill Road

City

State

Zip Code

State College

PA

16803-1822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00818

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Miss Susan F. Crary

Mailing Address 1015 Fox Hill Road

City

State

Zip Code

State College

PA

16803-1822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00819

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

925.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Miss Susan F. Crary

Mailing Address 1015 Fox Hill Road

City

State

Zip Code

State College

PA

16803-1822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00820

Amount of Each Receipt this Period

325.00

**B.**

Full Name (Last, First, Middle Initial)

Miss Susan F. Crary

Mailing Address 1015 Fox Hill Road

City

State

Zip Code

State College

PA

16803-1822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00821

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Miss Susan F. Crary

Mailing Address 1015 Fox Hill Road

City

State

Zip Code

State College

PA

16803-1822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00822

Amount of Each Receipt this Period

325.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Miss Susan F. Crary

Mailing Address 1015 Fox Hill Road

City

State

Zip Code

State College

PA

16803-1822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00823

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Miss Susan F. Crary

Mailing Address 1015 Fox Hill Road

City

State

Zip Code

State College

PA

16803-1822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00824

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gerald Dean Crater

Mailing Address 1970 S. Tumbleweed Lane

City

State

Zip Code

Chandler

AZ

85286-7018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00825

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gerald Dean Crater

Mailing Address 1970 S. Tumbleweed Lane

City

Chandler

State

AZ

Zip Code

85286-7018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00826

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Theodore Crausway

Mailing Address 4000 Cathedral Avenue N.W.

City

Washington

State

DC

Zip Code

20016-5207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai00827

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Mary Kay Craven

Mailing Address 4 Fremontia Street

City

Portola Valley

State

CA

Zip Code

94028-8032

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00828

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 283 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. William L. Cravens</p> <p>Mailing Address 1 Treetops Lane Apartment 402</p> <p>City Little Rock State AR Zip Code 72202-1515</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 3 / 0 6 / 2 0 0 9</p> <p>Transaction ID: 2009M04L11ai00829</p> <p>Amount of Each Receipt this Period 500.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. James H. Crawford</p> <p>Mailing Address 527 Childers Lane</p> <p>City Ringgold State GA Zip Code 30736-4010</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 280.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 3 / 0 6 / 2 0 0 9</p> <p>Transaction ID: 2009M04L11ai00830</p> <p>Amount of Each Receipt this Period 50.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. James H. Crawford</p> <p>Mailing Address 527 Childers Lane</p> <p>City Ringgold State GA Zip Code 30736-4010</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 280.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 3 / 2 0 / 2 0 0 9</p> <p>Transaction ID: 2009M04L11ai00831</p> <p>Amount of Each Receipt this Period 115.00</p>

**SUBTOTAL** of Receipts This Page (optional) .....

**665.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Jane Crawford

Mailing Address 1928 San Fernando Drive

City

Las Cruces

State

NM

Zip Code

88011-4163

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00832

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. John W. Crawford

Mailing Address 709 County Road 445

City

Enterprise

State

AL

Zip Code

36330-9713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00833

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. John W. Crawford

Mailing Address 709 County Road 445

City

Enterprise

State

AL

Zip Code

36330-9713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00834

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. John & Norma Crawford

Mailing Address 20128 Chateau Drive

City

Saratoga

State

CA

Zip Code

95070-4310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Intel Corp.

Occupation

Computer Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 02 / 2009

Transaction ID: 2009M04L11ai00835

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Marjorie C. Crawford

Mailing Address 1103 Fleet Landing Blvd.

City

Atlantic Beach

State

FL

Zip Code

32233-4589

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

03 / 13 / 2009

Transaction ID: 2009M04L11ai00836

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William Crawford

Mailing Address 3313 Eden Park Drive

City

Carmel

State

IN

Zip Code

46033-3038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation

Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 13 / 2009

Transaction ID: 2009M04L11ai00837

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

970.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. & Mrs. John Cremin

Mailing Address P.O. Box 529

City State Zip Code  
 Ingram TX 78025-0529

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00838

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Robert Crews

Mailing Address 419 Kansas Avenue

City State Zip Code  
 Enid OK 73701-6634

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00839

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Royal D. Crider

Mailing Address 134 Arsenault Crossing

City State Zip Code  
 Kingston TN 37763-4236

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00840

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dennis Crispino

Mailing Address 658 Wolcott Road

City

Bristol

State

CT

Zip Code

06010-7161

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Superior, Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00841

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Kimberly P Croce

Mailing Address 1716 Wisteria Way

City

Roanoke

State

TX

Zip Code

76262-9082

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Housewife

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00842

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jack Crocker

Mailing Address 17480 Holy Names Dr.

City

Lake Oswego

State

OR

Zip Code

97034-5149

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00843

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David S. Crockett

Mailing Address 31088 Big Bear Drive

City

Evergreen

State

CO

Zip Code

80439-9679

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00844

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David S. Crockett

Mailing Address 31088 Big Bear Drive

City

Evergreen

State

CO

Zip Code

80439-9679

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00845

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William Cromer

Mailing Address 2230 S. Patterson Blvd.

City

Dayton

State

OH

Zip Code

45409-1954

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00846

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Earlane B. Croom

Mailing Address 1421 Winrock Blvd.

City

Houston

State

TX

Zip Code

77057-1729

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai00847

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Linda Cross

Mailing Address 1705 E. 21St Street

City

Clovis

State

NM

Zip Code

88101-3994

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Women's Medical Center

Occupation

Nurse

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 9

Transaction ID: 2009M04L11ai00848

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Virginia M. Crossland

Mailing Address 3131 Kelley Drive

City

Joplin

State

MO

Zip Code

64804-1424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 9

Transaction ID: 2009M04L11ai00849

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert S. Crouch, Jr.

Mailing Address 11607 Highway 585

City

Oak Grove

State

LA

Zip Code

71263-8249

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00850

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Mary Cruce

Mailing Address 947 Rays Road

City

Stone Mountain

State

GA

Zip Code

30083-1763

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00851

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald Horace Crumpton

Mailing Address 232 County Road 221

City

Moulton

State

AL

Zip Code

35650-6490

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00852

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Ernesto Cruz

Mailing Address 251 Crandon Blvd.  
 Apartment 307

City State Zip Code  
**Key Biscayne FL 33149-1507**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 B.A.C. Florida

Occupation  
 Bank Director/International Lawyers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 6 / 2 0 0 9**

Transaction ID: 2009M04L11ai00853

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Diane Crystal

Mailing Address P.O. Box 3

City State Zip Code  
**Waccabuc NY 10597-0003**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 3 0 / 2 0 0 9**

Transaction ID: 2009M04L11ai00854

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Jo Lynne Cszasz

Mailing Address 373 Allanhurst Avenue

City State Zip Code  
**Vandalia OH 45377-1720**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Smith's Aerospace

Occupation  
 Director Of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 3 0 / 2 0 0 9**

Transaction ID: 2009M04L11ai00855

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**800.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Leslie Cubelic

Mailing Address 205 Fernly Park Drive

City

Alpharetta

State

GA

Zip Code

30022-6365

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00856

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Peter C. Cullen

Mailing Address 10421 Woodbridge Street

City

Toluca Lake

State

CA

Zip Code

91602-2822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00857

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Peter C. Cullen

Mailing Address 10421 Woodbridge Street

City

Toluca Lake

State

CA

Zip Code

91602-2822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai00858

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edgar L. Culpepper

Mailing Address 206 Adams Street

City

Dumas

State

AR

Zip Code

71639-2303

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00859

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Capp A Culver

Mailing Address P.O. Box 608

City

Canadian

State

TX

Zip Code

79014-0608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00860

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Miss P. Anne Cundle

Mailing Address 13656 Tenacity Lane

City

Tallahassee

State

FL

Zip Code

32312-9536

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00861

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

430.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Patricia Cunningham

Mailing Address 15 Tranquility Rd.

City

Moneta

State

VA

Zip Code

24121-5373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00862

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Rachel L. Cunningham

Mailing Address P.O. Box 713

City

Brielle

State

NJ

Zip Code

08730-0713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00863

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steven H. Cunningham

Mailing Address 15 Tranquility Road

City

Moneta

State

VA

Zip Code

24121-5373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00864

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Rickey Curley

Mailing Address 16 Green Farm Lane

City

Stockton

State

NJ

Zip Code

08559-1519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00865

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John F. Curry

Mailing Address 617 Mimosa Drive

City

Denton

State

TX

Zip Code

76201-0858

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00866

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John D. Curtiss

Mailing Address 2005 Tenderfoot Drive

City

Larkspur

State

CO

Zip Code

80118-8722

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Double Cross Ranch Entert-  
ainment

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00867

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

5650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Andre E Cushing Iii

Mailing Address P.O. Box 687

City

Hampden

State

ME

Zip Code

04444

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Realtor-Home Builder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00868

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David F Cutler

Mailing Address 5008 Blue Water Lane

City

Dickinson

State

TX

Zip Code

77539-6504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
City Of Houston

Occupation

Director Of Houston Emergency

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00869

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. David Cuyler

Mailing Address 9000 Las Camas Road N.E.

City

Albuquerque

State

NM

Zip Code

87111-2428

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sandia National Labs

Occupation

Software Architect -Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00870

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bernie Czarnecki

Mailing Address 12109 W. Lake Road

City

East Springfield

State

PA

Zip Code

16411-9105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00871

Amount of Each Receipt this Period

305.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Jadwiga Czuba

Mailing Address 209 E. Madison Street

City

Lombard

State

IL

Zip Code

60148-3462

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00872

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Jadwiga Czuba

Mailing Address 209 E. Madison Street

City

Lombard

State

IL

Zip Code

60148-3462

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00873

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

405.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Jadwiga Czuba

Mailing Address 209 E. Madison Street

City

Lombard

State

IL

Zip Code

60148-3462

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00874

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Jadwiga Czuba

Mailing Address 209 E. Madison Street

City

Lombard

State

IL

Zip Code

60148-3462

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai00875

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Jadwiga Czuba

Mailing Address 209 E. Madison Street

City

Lombard

State

IL

Zip Code

60148-3462

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00876

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Vincent Charles D' Andrea

Mailing Address 2 Elliot Place

City

Newport

State

RI

Zip Code

02840-1804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United States Post Office

Occupation

Postal Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00877

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Vincent Charles D' Andrea

Mailing Address 2 Elliot Place

City

Newport

State

RI

Zip Code

02840-1804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United States Post Office

Occupation

Postal Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00878

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Vincent Charles D' Andrea

Mailing Address 2 Elliot Place

City

Newport

State

RI

Zip Code

02840-1804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United States Post Office

Occupation

Postal Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00879

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Vincent Charles D' Andrea

Mailing Address 2 Elliot Place

City

Newport

State

RI

Zip Code

02840-1804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United States Post Office

Occupation  
Postal Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00880

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen T Dabney

Mailing Address 3719 Aberdeen Way

City

Houston

State

TX

Zip Code

77025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kpmg Llp

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00881

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Fred Dacimo

Mailing Address 5520 Narrow River Road  
Narrow River Marina

City

Orient

State

NY

Zip Code

11957-1412

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00882

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Carle E. Dahlstedt

Mailing Address 1143 Cenotaph Way

City

Colorado Springs

State

CO

Zip Code

80904-1704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00883

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Harold Dail

Mailing Address 1016 N.C. Highway 11 S.

City

Kinston

State

NC

Zip Code

28504-9441

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00884

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Glen Daley

Mailing Address P.O. Box 2500  
Mid State Correctional Facility

City

Marcy

State

NY

Zip Code

13403-2500

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00885

Amount of Each Receipt this Period

98.00

**SUBTOTAL** of Receipts This Page (optional) .....

308.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steven G. Damolaris

Mailing Address 330 North 3Rd Avenue

City

Villa Park

State

IL

Zip Code

60181-1959

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
City Of Elgin IL

Occupation

GIS Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00886

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bobby G. Dane

Mailing Address P.O. Box 731

City

Bowie

State

TX

Zip Code

76230-0731

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00887

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bobby G. Dane

Mailing Address P.O. Box 731

City

Bowie

State

TX

Zip Code

76230-0731

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00888

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stephen Page Daniel

Mailing Address 827 Fox Hollow Pkwy.

City

**Marietta**

State

**GA**

Zip Code

**30068-2410**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
G.D.S. Associates, Inc.

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03 / 31 / 2009**

**Transaction ID: 2009M04L11ai00889**

Amount of Each Receipt this Period

**500.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Daniel F. Daniels

Mailing Address 4403 W. Cleveland Street

City

**Tampa**

State

**FL**

Zip Code

**33609-2616**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**03 / 10 / 2009**

**Transaction ID: 2009M04L11ai00890**

Amount of Each Receipt this Period

**150.00**

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Julie J. Daniels

Mailing Address 2191 Kyle Road

City

**Bartlesville**

State

**OK**

Zip Code

**74006-6336**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**03 / 03 / 2009**

**Transaction ID: 2009M04L11ai00891**

Amount of Each Receipt this Period

**1000.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1650.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gholi Darehshori

Mailing Address 2402 Palm Ridge Road

City

Sanibel

State

FL

Zip Code

33957-3222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00892

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frederick R. Darling

Mailing Address 142 E. Robindale

City

Las Vegas

State

NV

Zip Code

89123-1117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00893

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Daniel Dauenhauer

Mailing Address 2904 Everleigh Way

City

Fairfax

State

VA

Zip Code

22031-2054

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ewa Government Systems In-  
c.

Occupation  
Resource and Policy Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00894

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Donald Davidson

Mailing Address 40 Las Brisas Way

City  
**Naples**

State  
**FL**

Zip Code  
**34108-8294**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 / 23 / 2009**

Transaction ID: 2009M04L11ai00895

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John R. Davidson

Mailing Address 5780 S. Goldsmith Place

City

**Greenwood Village**

State

**CO**

Zip Code

**80111-3522**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 First American Bancorp

Occupation  
 Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 / 27 / 2009**

Transaction ID: 2009M04L11ai00896

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Margaret B. Davidson

Mailing Address 611 N. Alpine Drive

City

**Beverly Hills**

State

**CA**

Zip Code

**90210-3303**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 / 12 / 2009**

Transaction ID: 2009M04L11ai00897

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

**575.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Jean Davies

Mailing Address 64 Chestnut Street

City

New Providence

State

NJ

Zip Code

07974-2329

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Davies Agencies

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00898

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Antoinette Davis

Mailing Address 1004W W. A. Avenue

City

North Little Rock

State

AR

Zip Code

72116-9186

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00899

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Carter Davis

Mailing Address 114 Cobb Road

City

Highlands

State

NC

Zip Code

28741-9405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00900

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Carter Davis

Mailing Address 114 Cobb Road

City

Highlands

State

NC

Zip Code

28741-9405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00901

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. E. I. Davis

Mailing Address P.O. Drawer 428

City

Greenwood

State

SC

Zip Code

29648-0428

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Davis & Floyd, Inc.

Occupation

Civil Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00902

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Elaine Davis

Mailing Address 966 Wintook Drive

City

Ivins

State

UT

Zip Code

84738-6438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00903

Amount of Each Receipt this Period

140.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Elaine Davis

Mailing Address 966 Wintook Drive

City

Ivins

State

UT

Zip Code

84738-6438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00904

Amount of Each Receipt this Period

140.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. H. Virgil Davis

Mailing Address 3901 Montecito Drive  
Apartment 616

City

Denton

State

TX

Zip Code

76210-5565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00905

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John S. Davis

Mailing Address 1725 Roosevelt Avenue

City

Altadena

State

CA

Zip Code

91001-3618

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Los Angeles Juvenile Court  
Healthcare

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00906

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

490.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth Davis

Mailing Address 1173 Oval Dr.

City  
**Athens**

State  
**TX**

Zip Code  
**75751-3641**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03 / 23 / 2009**

**Transaction ID: 2009M04L11ai00907**

Amount of Each Receipt this Period

**500.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lonnie L. Davis

Mailing Address 2061 Mc Kaig Road

City  
**Troy**

State  
**OH**

Zip Code  
**45373-9418**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Troy Veterinary Clinic,  
 Inc.

Occupation  
 Veterinarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**03 / 04 / 2009**

**Transaction ID: 2009M04L11ai00908**

Amount of Each Receipt this Period

**300.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Monty L. Davis

Mailing Address 19827 Cypress Church Road

City  
**Cypress**

State  
**TX**

Zip Code  
**77433-1479**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Core Lab Lp

Occupation  
 Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1250.00**

Date of Receipt

**03 / 27 / 2009**

**Transaction ID: 2009M04L11ai00909**

Amount of Each Receipt this Period

**250.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1050.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard M. Davis

Mailing Address 3440 Compass Rose Drive E.

City State Zip Code  
**Jacksonville FL 32216-1105**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 2 / 2 0 0 9**

**Transaction ID: 2009M04L11ai00910**

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard M. Davis

Mailing Address 3440 Compass Rose Drive E.

City State Zip Code  
**Jacksonville FL 32216-1105**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 1 2 / 2 0 0 9**

**Transaction ID: 2009M04L11ai00911**

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard M. Davis

Mailing Address 3440 Compass Rose Drive E.

City State Zip Code  
**Jacksonville FL 32216-1105**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 0 / 2 0 0 9**

**Transaction ID: 2009M04L11ai00912**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

**135.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Carter Davis

Mailing Address 114 Cobb Road

City

Highlands

State

NC

Zip Code

28741-9405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Aga, Llc

Occupation

Md

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00913

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. S S Davis

Mailing Address 5320 Camino Montano NE

City

Albuquerque

State

NM

Zip Code

87111-5726

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00914

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William Davis

Mailing Address 1514 Kings Road

City

Cantonment

State

FL

Zip Code

32533-8953

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Filter Distribution,  
Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00915

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas L Davis Iii

Mailing Address 29531 Perdido Beach Blvd. #601

City State Zip Code  
**Orange Beach AL 36561**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 13 2009**

**Transaction ID: 2009M04L11ai00916**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul De Cleva

Mailing Address 350 N. Saint Paul Street  
Suite 1625

City State Zip Code  
**Dallas TX 75201-6852**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 09 2009**

**Transaction ID: 2009M04L11ai00917**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul De Cleva

Mailing Address 350 N. Saint Paul Street  
Suite 1625

City State Zip Code  
**Dallas TX 75201-6852**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 12 2009**

**Transaction ID: 2009M04L11ai00918**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul De Cleva

Mailing Address 350 N. Saint Paul Street  
Suite 1625

City State Zip Code  
Dallas TX 75201-6852

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai00919

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul De Cleva

Mailing Address 350 N. Saint Paul Street  
Suite 1625

City State Zip Code  
Dallas TX 75201-6852

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 9

Transaction ID: 2009M04L11ai00920

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dorian D. De Dene

Mailing Address 19086 Ash Avenue

City State Zip Code  
Eastpointe MI 48021-2733

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Three C's Landscaping

Occupation  
Horticultrual Foreman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai00921

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 314 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William E. De Feo

Mailing Address 144 Merrymount Drive

City

Warwick

State

RI

Zip Code

02888-5545

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00922

Amount of Each Receipt this Period

230.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Anthony J. De Girolamo

Mailing Address 116 Cleveland Avenue N.W.  
Courtyard Centre

City

Canton

State

OH

Zip Code

44702-1744

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00923

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Barbara De Graw

Mailing Address P.O. Box 448

City

Julian

State

CA

Zip Code

92036-0448

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00924

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

880.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Mary De Hoog

Mailing Address 8381 Edison Avenue

City

Ontario

State

CA

Zip Code

91762-7318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00925

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Mary De Hoog

Mailing Address 8381 Edison Avenue

City

Ontario

State

CA

Zip Code

91762-7318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00926

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gerrit De Jong

Mailing Address 22250 Road 20

City

Tulare

State

CA

Zip Code

93274-8936

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00927

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Rafael A. De Los Reyes

Mailing Address P.O. Box 141707

City

Coral Gables

State

FL

Zip Code

33114-1707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00928

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert De Rose

Mailing Address P.O. Box 8082

City

Rancho Santa Fe

State

CA

Zip Code

92067-8082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00929

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Laine De Souza

Mailing Address PO Box 156

City

Wyncote

State

PA

Zip Code

19095-0156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00930

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William S. DeArment

Mailing Address 438 Chestnut Street

City

Meadville

State

PA

Zip Code

16335-4403

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Channellock, Inc.

Occupation

Businessman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai00931

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Mary DeMarteleire

Mailing Address 4013 Caln Circle

City

Harleysville

State

PA

Zip Code

19438-3336

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Usps

Occupation

Supr. Customer Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 9

Transaction ID: 2009M04L11ai00932

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Mary DeMarteleire

Mailing Address 4013 Caln Circle

City

Harleysville

State

PA

Zip Code

19438-3336

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Usps

Occupation

Supr. Customer Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 9

Transaction ID: 2009M04L11ai00933

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Constance J. Deakin

Mailing Address P.O. Box 45

City

Moapa

State

NV

Zip Code

89025-0045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00934

Amount of Each Receipt this Period

180.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George Dean

Mailing Address 14900 1St Avenue N.E.  
Apartment 207

City

Shoreline

State

WA

Zip Code

98155-6809

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00935

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jack P. Dean

Mailing Address 110 Country Club Drive

City

Madison

State

MS

Zip Code

39110-8809

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00936

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Russell J. & Janet S Dean

Mailing Address P.O. Box 2347

City

Pasco

State

WA

Zip Code

99302-2347

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Russ Dean Ford, Inc.

Occupation

Auto & R.V. Dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00937

Amount of Each Receipt this Period

360.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Sandra Dean

Mailing Address 3064 N. Windstone Way Lane

City

Germantown

State

TN

Zip Code

38138-7382

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00938

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. A. Neil Deatley

Mailing Address 6523 Snake River Road

City

Asotin

State

WA

Zip Code

99402-9528

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eucon Corporation

Occupation

Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai00939

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Virgil C. Dechant

Mailing Address 11409 Meadow Lane

City

Leawood

State

KS

Zip Code

66211-3015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai00940

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Sophia Decleva

Mailing Address 350 North St Paul Street  
#1625

City

Dallas

State

TX

Zip Code

75201-4259

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ROAD RUNNER OIL CO.

Occupation  
OIL & GAS ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai00941

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Terence N. Deeks

Mailing Address 2843 S. Bayshore Drive  
Apartment 8F

City

Coconut Grove

State

FL

Zip Code

33133-6022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Navigation Insurance Coma-  
pany

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 9

Transaction ID: 2009M04L11ai00942

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Carla Dehmrow

Mailing Address 2500 Indigo Lane  
 #109

City State Zip Code  
 Glenview IL 60026-7799

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00943

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Russell D Deidiker, M.D.

Mailing Address 2820 Wesley Chapel Road

City State Zip Code  
 Farmington MO 63640-6512

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mineral Area Pathology,  
Llc

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00944

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark A Delagasse

Mailing Address P.O. Box 985

City State Zip Code  
 Naches WA 98937-0985

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00945

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. John P. Delaney

Mailing Address 4731 Pin Oak Road

City

Akron

State

OH

Zip Code

44333-1070

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
G.D.S. Express, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00946

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. P. James Delaney

Mailing Address 13 Cliff Top Drive

City

Loudonville

State

NY

Zip Code

12211-1513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Curtis Lumber Company, In-  
c.

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00947

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George B. Delaplaine, Jr.

Mailing Address 11732 Old Annapolis Road

City

Frederick

State

MD

Zip Code

21701-3430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00948

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Angelo Delgrande

Mailing Address 93 Spy Glass HL

City

Hopewell Junction

State

NY

Zip Code

12533-6273

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai00949

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles Ray Delong

Mailing Address 3051 Hartway Drive

City

Deland

State

FL

Zip Code

32720-1900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Triple D. Equipment

Occupation  
President/ Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai00950

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Donald Delong

Mailing Address 355 Ridge Road

City

Newton

State

NJ

Zip Code

07860

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 9

Transaction ID: 2009M04L11ai00951

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas F. Deloughery

Mailing Address 2401 100th St. NW

City

Burlington

State

ND

Zip Code

58722-9501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai00952

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Nicholas Demmo

Mailing Address 2 Oneida Street

City

Rye

State

NY

Zip Code

10580

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wachtell Lipton Rosen &  
Katz

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 9

Transaction ID: 2009M04L11ai00953

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Robert S. Demski

Mailing Address 2020 Persimmon Hill Lane

City

Lampe

State

MO

Zip Code

65681-7395

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 9

Transaction ID: 2009M04L11ai00954

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Dr. Howard Denbo

Mailing Address 45 Castro Street  
 Suite 138

City State Zip Code  
 San Francisco CA 94114-1029

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00955

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Joe C. Denman, III

Mailing Address 112 Suntory Way

City State Zip Code  
 Lufkin TX 75901-7738

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 First Bank and Trust East  
 Texas

Occupation  
 Banking Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00956

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Paul Dennis

Mailing Address 16330 Vintage Oaks Lane

City State Zip Code  
 Delray Beach FL 33484-6430

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 P.S. Dennis Consultants

Occupation  
 Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00957

Amount of Each Receipt this Period

205.00

**SUBTOTAL** of Receipts This Page (optional) .....

405.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles Derienzo

Mailing Address 19 Piper Place

City

Old Bethpage

State

NY

Zip Code

11804-1451

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N.Y.P.D.

Occupation  
Police

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00958

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bill Derosa

Mailing Address 11 Dellwood Avenue

City

Chatham

State

NJ

Zip Code

07928-1701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Putnam

Occupation  
Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00959

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael D. Derosa

Mailing Address 47301 National Road  
P.O. Box 536

City

Saint Clairsville

State

OH

Zip Code

43950-0536

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00960

Amount of Each Receipt this Period

240.00

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Phaon B. Derr, Jr.

Mailing Address 4704 Nottingham Road

City

Jacksonville

State

FL

Zip Code

32210-5854

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00961

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Trudy Desilets

Mailing Address 11709 59Th Ave W.  
Unit 202

City

Mukilteo

State

WA

Zip Code

98275-4872

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medicis

Occupation  
Chief Technology Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00962

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Mary C. Deussenberg

Mailing Address 1 Mill Street

City

Cohocton

State

NY

Zip Code

14826-9405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00963

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

1310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Kay Devries

Mailing Address 2338 Cleveland Avenue

City State Zip Code  
 Inwood IA 51240-7779

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00964

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mrs. Elizabeth Dey

Mailing Address 86 Hill Road

City State Zip Code  
 Allentown NJ 08501-1410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00965

Amount of Each Receipt this Period

315.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mrs. Abigail S. Deyampert

Mailing Address 418 E. Berry St

City State Zip Code  
 Ft Wayne IN 46802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00966

Amount of Each Receipt this Period

535.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Tammela A Di Leo

Mailing Address 2747 NE 17th Street

City

Fort Lauderdale

State

FL

Zip Code

33305-3603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00967

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph L. Di Maggio

Mailing Address 527 Black Duck Lane

City

Bloomington

State

IL

Zip Code

60108-5400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Five Star Safety Equipmen-  
t, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00968

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Di Meola

Mailing Address 67 Clear Lake Road

City

Whiting

State

NJ

Zip Code

08759-2980

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00969

Amount of Each Receipt this Period

242.00

**SUBTOTAL** of Receipts This Page (optional) .....

742.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Orlando Di Rienzo

Mailing Address P.O. Box 49

City

Pottersville

State

NJ

Zip Code

07979-0049

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00970

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Orlando Di Rienzo

Mailing Address P.O. Box 49

City

Pottersville

State

NJ

Zip Code

07979-0049

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00971

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael C Di Severia

Mailing Address 16200 Bellingham Drive

City

Darnestown

State

MD

Zip Code

20874

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Potomac Foods Company

Occupation  
Own/Operate Restaurants

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00972

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Diaco

Mailing Address 820 Trailing Ridge Road

City

Franklin Lakes

State

NJ

Zip Code

07417-1515

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Power Electric Company,  
Inc.

Occupation

Electrical Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00973

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Ashley Diamond

Mailing Address 401 Pea Pond Road

City

Katonah

State

NY

Zip Code

10536-3832

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00974

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Rosa M Diaz (Flores)

Mailing Address 9817 Sw 58 Street

City

Miami

State

FL

Zip Code

33173-1414

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
All American Containers,  
Inc

Occupation

Svp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00975

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lloyd Dibb

Mailing Address 3309 Route 66

City

New Bethlehem

State

PA

Zip Code

16242-4743

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00976

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lloyd Dibb

Mailing Address 3309 Route 66

City

New Bethlehem

State

PA

Zip Code

16242-4743

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00977

Amount of Each Receipt this Period

205.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lloyd Dibb

Mailing Address 3309 Route 66

City

New Bethlehem

State

PA

Zip Code

16242-4743

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00978

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 333 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Bennie G. Dibona

Mailing Address 4305 W. Watrous Avenue

City  
TampaState  
FLZip Code  
33629-4916FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	9	

Transaction ID: 2009M04L11ai00979

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew Dick

Mailing Address 225 Elmcroft Rd

City  
RochesterState  
NYZip Code  
14609-7741FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Zwicker & Assoc, PcOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	9	

Transaction ID: 2009M04L11ai00980

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James C. Dickert

Mailing Address 54 Huntington Court

City  
Burr RidgeState  
ILZip Code  
60527-6451FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	9	

Transaction ID: 2009M04L11ai00981

Amount of Each Receipt this Period

201.00

SUBTOTAL of Receipts This Page (optional) .....

401.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 334 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Patrick Dickman

Mailing Address 1578 Majestic View Lane

City

Fleming Island

State

FL

Zip Code

32003-3218

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pegasus Technologies, Inc.

Occupation

Director Of Maintenance (Aviation)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00982

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Patrick Dickman

Mailing Address 1578 Majestic View Lane

City

Fleming Island

State

FL

Zip Code

32003-3218

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pegasus Technologies, Inc.

Occupation

Director Of Maintenance (Aviation)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00983

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Everard D. Diedrick

Mailing Address 19864 Tattnall Way

City

Brooksville

State

FL

Zip Code

34601-6476

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00984

Amount of Each Receipt this Period

165.00

**SUBTOTAL** of Receipts This Page (optional) .....

465.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Everard D. Diedrick

Mailing Address 19864 Tattnall Way

City

Brooksville

State

FL

Zip Code

34601-6476

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00985

Amount of Each Receipt this Period

165.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Pearl Diem

Mailing Address 217 W. Holly Avenue

City

Pitman

State

NJ

Zip Code

08071-1333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00986

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Norbert Diersen

Mailing Address 224 E. Main Street

City

Harbor Springs

State

MI

Zip Code

49740-1512

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00987

Amount of Each Receipt this Period

310.00

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William C. Dietz

Mailing Address 1300 N.E. 16Th Avenue  
 Apartment 701

City State Zip Code  
 Portland OR 97232-1483

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00988

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gail W. Dilley

Mailing Address P.O. Box 858

City State Zip Code  
 Mannford OK 74044-1346

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00989

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Paul Dimartini

Mailing Address 345 River Bend Drive

City State Zip Code  
 Reno NV 89523-9518

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
D. & D. Tire, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1055.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00990

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 337 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Leslie V Dix li

Mailing Address 133 Bretton Road

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Drs Technologies

Occupation

Director, Quality & Opex

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00991

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Elaine K. Dixon

Mailing Address 599 Macon Road

City

Mc Intyre

State

GA

Zip Code

31054-2059

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Attentus Healthcare, Inc.

Occupation

Healthcare

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00992

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Dixon

Mailing Address 2400 N.E. 36St  
#6

City

Light House Point

State

FL

Zip Code

33064-8171

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00993

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Millie Djurich

Mailing Address 17501 Buckingham Drive

City

Beverly Hills

State

MI

Zip Code

48025-3213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00994

Amount of Each Receipt this Period

70.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard S. Dodd

Mailing Address 1390 Gulfstar Drive S.

City

Naples

State

FL

Zip Code

34112-6402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00995

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard S. Dodd

Mailing Address 1390 Gulfstar Drive S.

City

Naples

State

FL

Zip Code

34112-6402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00996

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 339 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary Dodson

Mailing Address 763 Darlene Way

City

Boulder City

State

NV

Zip Code

89005-3422

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ecc

Occupation

Project Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00997

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gary Dodson

Mailing Address 763 Darlene Way

City

Boulder City

State

NV

Zip Code

89005-3422

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ecc

Occupation

Project Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00998

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Kathryn D. Dodson

Mailing Address 16940 Bay Street

City

Jupiter

State

FL

Zip Code

33477-1200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00999

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 340 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Clara Dolan

Mailing Address 19562 Waterford Ct.

City

Excelsior

State

MN

Zip Code

55331-7023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01000

Amount of Each Receipt this Period

140.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Laine Dolan

Mailing Address P.O. Box 143

City

Elka Park

State

NY

Zip Code

12427-0143

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01001

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Norbert L. Doligalski

Mailing Address 5819 Encore Drive

City

Dallas

State

TX

Zip Code

75240-4761

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01002

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

940.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Eric M. Donaty

Mailing Address 8920 Wilshire Blvd.  
 #316

City State Zip Code  
 Beverly Hills CA 90211-2003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eric M. Donaty Dmd, Inc.

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai01003

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Kathy & James Donnelly

Mailing Address 724 Willow Ridge Drive

City State Zip Code  
 San Marcos TX 78666-4912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01004

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Maureen Ann Donnelly

Mailing Address 1280 S. Alhambra Circle  
 Apartment 1425

City State Zip Code  
 Coral Gables FL 33146-3130

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rader Logistics

Occupation  
Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01005

Amount of Each Receipt this Period

330.00

**SUBTOTAL** of Receipts This Page (optional) .....

1530.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 342 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mavis Donnelly

Mailing Address 3170 North Bear Canyon Road

City

Tucson

State

AZ

Zip Code

85749-8772

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mavis Donnelly

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01006

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Julia Donner

Mailing Address 83 Presidents Walk

City

Buffalo

State

NY

Zip Code

14221-2426

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01007

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Julia Donner

Mailing Address 83 Presidents Walk

City

Buffalo

State

NY

Zip Code

14221-2426

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01008

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

1110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John R Doody

Mailing Address 42 Cross Creek Dr. W.

City

Birmingham

State

AL

Zip Code

35213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01009

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Peggy Dopson

Mailing Address 1617 McAllen Street

City

Henderson

State

TX

Zip Code

75654-4273

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01010

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Rodgers B. Dorr, Jr.

Mailing Address P.O. Box 3824

City

Redondo Beach

State

CA

Zip Code

90277-2307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01011

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Ann Oman Dorsett

Mailing Address P.O. Box 1969

City

Crossville

State

TN

Zip Code

38558-1969

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01012

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Dorsey

Mailing Address 5793 Opengate Court

City

Cincinnati

State

OH

Zip Code

45247-5982

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ultimus Fund Solutions

Occupation  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01013

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Andrew J. Dossett

Mailing Address 1305 E. Balboa Boulevard

City

Newport Beach

State

CA

Zip Code

92661-1421

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01014

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 345 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Joyce Doty

Mailing Address P. O. Box 582

City

Kilauea

State

HI

Zip Code

96754-0582

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Na Aina Kai Botanical Gar-  
dens

Occupation

Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01015

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bennett B. Doubleday, Jr.

Mailing Address 4406 Georgian Place

City

Nashville

State

TN

Zip Code

37215-4528

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai01016

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Betty J. Doughty

Mailing Address 1 W. Berwin Way

City

Mount Laurel

State

NJ

Zip Code

08054-3014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01017

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

1425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 346 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Betty J. Doughty

Mailing Address 1 W. Berwin Way

City

Mount Laurel

State

NJ

Zip Code

08054-3014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01018

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Betty J. Doughty

Mailing Address 1 W. Berwin Way

City

Mount Laurel

State

NJ

Zip Code

08054-3014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01019

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Betty J. Doughty

Mailing Address 1 W. Berwin Way

City

Mount Laurel

State

NJ

Zip Code

08054-3014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01020

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 347 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Betty J. Doughty

Mailing Address 1 W. Berwin Way

City

Mount Laurel

State

NJ

Zip Code

08054-3014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	9	

Transaction ID: 2009M04L11ai01021

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Ralph E. Douglas

Mailing Address 20 Fenimore Drive

City

Scotch Plains

State

NJ

Zip Code

07076-2532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	9	

Transaction ID: 2009M04L11ai01022

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Connie L. Douglass

Mailing Address 1709 S. State Street

City

Edmond

State

OK

Zip Code

73013-3633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	9	

Transaction ID: 2009M04L11ai01023

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1130.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Tom Douglass

Mailing Address 1709 S. State Street

City

Edmond

State

OK

Zip Code

73013-3633

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Advanced Micro Solutions,  
Inc.

Occupation

Owner, president

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01024

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William H. Douglass

Mailing Address 9845 Santa Clara Court

City

Howey In The Hills

State

FL

Zip Code

34737-5004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Logistic's Compa-  
ny

Occupation

Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01025

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ronald M. Doumani

Mailing Address 32 Quiet Moon Lane

City

Las Vegas

State

NV

Zip Code

89135-7863

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01026

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Chuck Downey

Mailing Address 2822 Stinson Street

City

Poplar Grove

State

IL

Zip Code

61065-8249

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01027

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Chuck Downey

Mailing Address 2822 Stinson Street

City

Poplar Grove

State

IL

Zip Code

61065-8249

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01028

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Downey

Mailing Address 4765 SW 80th Street

City

Miami

State

FL

Zip Code

33143-6139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Validus Reaseguros

Occupation  
Reinsurance Underwriter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01029

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Timothy Downey

Mailing Address 4184 Boca Pointe Drive

City

Sarasota

State

FL

Zip Code

34238-5572

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01030

Amount of Each Receipt this Period

2250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jimmy Doyle

Mailing Address P. O. Box 365

City

Warrior

State

AL

Zip Code

35180-0365

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hydra Service, Inc.

Occupation  
Admin. Assis.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01031

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael E. Drayer

Mailing Address 3103 Cardinal Drive

City

Westminster

State

MD

Zip Code

21157-7703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01032

Amount of Each Receipt this Period

245.00

**SUBTOTAL** of Receipts This Page (optional) .....

2720.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 351 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Francis G. Dreiss

Mailing Address 2934 Junction Hwy.

City

Kerrville

State

TX

Zip Code

78028-9312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01033

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Frederick & Lolamar Dressler

Mailing Address P.O. Box 188

City

Gardenerville

State

NV

Zip Code

89410-0188

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01034

Amount of Each Receipt this Period

65.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Dale R. Drew

Mailing Address 4454 Barchester Drive

City

Bloomfield Hills

State

MI

Zip Code

48302-2118

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01035

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Thomas Drew

Mailing Address 11914 Tierra Verde Court

City

Jacksonville

State

FL

Zip Code

32258-2279

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baptist Health Jackson,  
FL

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01036

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Laura Driscoll

Mailing Address 15 Byrnes Street

City

Newport

State

RI

Zip Code

02840-4061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Metlife

Occupation  
Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01037

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. W. John Driscoll

Mailing Address 30 7Th Street E.  
Suite 2000

City

Saint Paul

State

MN

Zip Code

55101-4930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01038

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Lois C. Drum

Mailing Address 251 Chapel Road

City

Wheeling

State

WV

Zip Code

26003-4841

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01039

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles E. Drummey

Mailing Address 4 Benjamin Road

City

Ellington

State

CT

Zip Code

06029-2127

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Murtha Cullina, L.L.P.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01040

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John M. Drury

Mailing Address 5101 New Cut Road Rear

City

Louisville

State

KY

Zip Code

40214-2734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01041

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John M. Drury

Mailing Address 5101 New Cut Road Rear

City

Louisville

State

KY

Zip Code

40214-2734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01042

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Cheri L. Druzak

Mailing Address 164 Radcliff Dr.

City

Aliquippa

State

PA

Zip Code

15001-1678

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01043

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Raymond F. Du Bois, Jr.

Mailing Address 1545 35th Street NW

City

Washington

State

DC

Zip Code

20007-2753

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01044

Amount of Each Receipt this Period

1100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Hugo DuPreez

Mailing Address 1641 Chinaberry Way

City

Naples

State

FL

Zip Code

34105-3053

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01045

Amount of Each Receipt this Period

202.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Karl Duffy

Mailing Address 579 W. Shore Road

City

South Hero

State

VT

Zip Code

05486-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01046

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Bhagvan Dugre

Mailing Address 435 East 57th Street  
Apartment 11C

City

New York

State

NY

Zip Code

10022-3174

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sisley Cosmetics Usa

Occupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01047

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

462.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jerry Dumas

Mailing Address 6560 Coppage Street

City

Houston

State

TX

Zip Code

77007-2079

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Flotek Industries

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01048

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John C. Dumler, Jr.

Mailing Address 445 Maryland Avenue

City

Harrisonburg

State

VA

Zip Code

22801-1730

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01049

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James R. Dunathan

Mailing Address 142 Old Vine Way

City

Napa

State

CA

Zip Code

94558-7029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01050

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James R. Dunathan

Mailing Address 142 Old Vine Way

City

Napa

State

CA

Zip Code

94558-7029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01051

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James R. Dunathan

Mailing Address 142 Old Vine Way

City

Napa

State

CA

Zip Code

94558-7029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01052

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

Cpt. John A. Duncan, USN (Ret)

Mailing Address P.O. Box 523

City

Loxley

State

AL

Zip Code

36551-0523

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01053

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Lisa Dunderville

Mailing Address 409 Woodbridge Drive

City State Zip Code  
**Charleston WV 25311**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 10 2009**

Transaction ID: 2009M04L11ai01054

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joe Dunigan

Mailing Address 911 E. South Street

City State Zip Code  
**Jackson MI 49203-4404**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dunigan Brothers

Occupation  
Construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 25 2009**

Transaction ID: 2009M04L11ai01055

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph J. Dunn

Mailing Address 300 West Elm Street  
Suite 2314

City State Zip Code  
**Conshohocken PA 19428-1832**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 03 2009**

Transaction ID: 2009M04L11ai01056

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Patricia Dunn

Mailing Address 181 Durham Road

City

Newtown

State

PA

Zip Code

18940-1120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Merrill Lynch

Occupation

Financial Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01057

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Elton E. Dyal

Mailing Address 2004 W. Longhorn Drive

City

Chandler

State

AZ

Zip Code

85286-6117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01058

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bruce Dyer

Mailing Address P.O. Box 39

City

La Jolla

State

CA

Zip Code

92038-0039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
General Atomics

Occupation

Division Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01059

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard S. Dyer

Mailing Address 2428 Bermuda Hills Road

City

Columbia

State

SC

Zip Code

29223-6808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dick Fyer & Associates In-  
c.

Occupation

Toyota, Volvo, Mercedes Dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01060

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Steve & Susan Dyer

Mailing Address 15871 Duquesne Circle

City

Brighton

State

CO

Zip Code

80603-3856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univair Aircraft Corporat-  
ion

Occupation

C.O.B.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01061

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard Dyke

Mailing Address 3 Isleworth Drive

City

Henderson

State

NV

Zip Code

89052-6458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01062

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Waldemar Dzierzanowski

Mailing Address 10361 Franklin Avenue

City

Franklin Park

State

IL

Zip Code

60131-1542

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1095.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01063

Amount of Each Receipt this Period

550.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Walter R. Eames

Mailing Address 40 Brookland Farms Road

City

Poughkeepsie

State

NY

Zip Code

12601-5802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01064

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James M. Early

Mailing Address P.O. Box 821

City

Kent

State

OH

Zip Code

44240-0017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Securities Security Services

Occupation

Police Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01065

Amount of Each Receipt this Period

195.00

**SUBTOTAL** of Receipts This Page (optional) .....

995.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James M. Early

Mailing Address P.O. Box 821

City

Kent

State

OH

Zip Code

44240-0017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Securities Security Servi-  
ces

Occupation

Police Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01066

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Tina M. Earp

Mailing Address 5301 S. Superstition Mountain Dr.  
Suite 104

City

Gold Canyon

State

AZ

Zip Code

85218-1917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01067

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Patti Eason

Mailing Address 1303 Calais Road

City

Memphis

State

TN

Zip Code

38120-3210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01068

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

820.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Robbi Easton

Mailing Address 1090 Mariner Drive

City

Key Biscayne

State

FL

Zip Code

33149-2474

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01069

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Spencer F. Eccles

Mailing Address P.O. Box 3028

City

Salt Lake City

State

UT

Zip Code

84110-3028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01070

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ralph J. Eckert

Mailing Address 4766 Highland Park Drive

City

Slinger

State

WI

Zip Code

53086-9441

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01071

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

3200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard Eddins, Jr.

Mailing Address 16901 Dorman Drive

City

Round Rock

State

TX

Zip Code

78681-3663

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Verizon

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01072

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Vello Ederma

Mailing Address 7109 Loisdale Road

City

Springfield

State

VA

Zip Code

22150-2033

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01073

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Peggy Edgar

Mailing Address 1104 Oday Road

City

Saint Martinville

State

LA

Zip Code

70582-5916

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Gulf Coast Marine and Ass-  
ociat

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01074

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. John R. Edgeworth

Mailing Address 9397 Midnight Pass Road  
 Apartment 906

City State Zip Code  
 Sarasota FL 34242-2953

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01075

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. John R. Edgeworth

Mailing Address 9397 Midnight Pass Road  
 Apartment 906

City State Zip Code  
 Sarasota FL 34242-2953

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01076

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
 Ms. Norman V. Edmonson

Mailing Address 607 N. Chester Road

City State Zip Code  
 Swarthmore PA 19081-1014

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01077

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 366 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Chad P. Edwards

Mailing Address 4385 Taylor Hall Lane

City

Adams

State

TN

Zip Code

37010-9181

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Army

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01078

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George W. Edwards

Mailing Address 17007 Hill View Ln.

City

Spring

State

TX

Zip Code

77379-4506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01079

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Nicholas Edwards

Mailing Address 3820 River Road

City

Wimberley

State

TX

Zip Code

78676-5141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01080

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeff M. Edwards

Mailing Address 3722 Cove Timber Avenue

City

Granbury

State

TX

Zip Code

76049-5009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Triencon Services, Inc.

Occupation

Industrial Data Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01081

Amount of Each Receipt this Period

460.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert B. Egan

Mailing Address P.O. Box 1343

City

Houston

State

TX

Zip Code

77251-1343

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation

CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01082

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

William & Dorothea Egan

Mailing Address 152 Leisure World

City

Mesa

State

AZ

Zip Code

85206-3111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01083

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional) .....

755.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

William & Dorothea Egan

Mailing Address 152 Leisure World

City

Mesa

State

AZ

Zip Code

85206-3111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01084

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Miss Lucille J. Ehlers

Mailing Address 10213 Orkiney Dr.

City

Las Vegas

State

NV

Zip Code

89144-4314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01085

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert H Ehrhart

Mailing Address 623 Green Place

City

Kohler

State

WI

Zip Code

53044-1405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Aurora Medical Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01086

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 369 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Clifford J. Ehrlich

Mailing Address 9710 Beman Woods Way

City

Potomac

State

MD

Zip Code

20854-5455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01087

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dennis J. Ehrreich

Mailing Address 10 Hitching Post Road

City

Lakeville

State

MA

Zip Code

02347-3606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ercon, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01088

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mourad G. El-Cassabgui

Mailing Address 3202 Fm 1990

City

Palestine

State

TX

Zip Code

75801-3013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01089

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional) .....

2875.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Pamela Elardi

Mailing Address 809 Ville Franche St.

City

Las Vegas

State

NV

Zip Code

89145-8656

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01090

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles J. Elder

Mailing Address 12676 Lashbrook Lane W.

City

Brighton

State

MI

Zip Code

48114-6004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01091

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jean K. Elder

Mailing Address 4644 Sawgrass Drive E.

City

Ann Arbor

State

MI

Zip Code

48108-8616

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation

Consultant - Human Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01092

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 371 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph H. Elkjer

Mailing Address 6351 Ehler Avenue S.E.

City

Delano

State

MN

Zip Code

55328-8104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Precision Lens

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01093

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. J. David Eller

Mailing Address 281 S. E. 18Th Avenue

City

Deerfield Beach

State

FL

Zip Code

33441-5009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
M.W.I. Corporation

Occupation  
President & C. E. O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01094

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul Ellgen

Mailing Address 7404 N. W. 118Th Street

City

Oklahoma City

State

OK

Zip Code

73162-1509

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01095

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

2400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. John E. Elliff

Mailing Address P. O. Box 951

City

Sterling

State

CO

Zip Code

80751-0951

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01096

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Monica Elling

Mailing Address 4042 Sidonia Road

City

Sharon

State

TN

Zip Code

38255

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01097

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Monica Elling

Mailing Address 4042 Sidonia Road

City

Sharon

State

TN

Zip Code

38255

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01098

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Norma C. Ellington

Mailing Address 1227 W. Barker Avenue

City

Peoria

State

IL

Zip Code

61606-1705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01099

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. J. Kelly Elliott

Mailing Address 10830 Kinghurst Street

City

Houston

State

TX

Zip Code

77099-3415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01100

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Barbara C. Ellis

Mailing Address 3882 Burrsville Road

City

Harrington

State

DE

Zip Code

19952-4627

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01101

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional) .....

820.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Fred Orrell Ellis

Mailing Address 6943 Nc Highway 801 S.

City

Mocksville

State

NC

Zip Code

27028-6734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01102

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Renee Suzanne Ellis

Mailing Address 3719 Tully Road  
#A

City

Modesto

State

CA

Zip Code

95356-1023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01103

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ernest Ellison, II

Mailing Address 6720 Churchill Park Court

City

Charlotte

State

NC

Zip Code

28210-3480

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01104

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. & Mrs. David L. Elson

Mailing Address 513 E. Plum Creek Road

City

Sioux Falls

State

SD

Zip Code

57105-6950

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Avera Health

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01105

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Ellen Emley

Mailing Address 6871 S. Spotswood Street

City

Littleton

State

CO

Zip Code

80120-3626

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01106

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Ellen Emley

Mailing Address 6871 S. Spotswood Street

City

Littleton

State

CO

Zip Code

80120-3626

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01107

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Judith Emmitt

Mailing Address PO Box 331

City

Oldwick

State

NJ

Zip Code

08858-0331

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01108

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Francis D. Engle

Mailing Address 581 Fisher Road

City

Roseburg

State

OR

Zip Code

97471-8229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01109

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Tony Enochson

Mailing Address 642 San Benito Avenue

City

Menlo Park

State

CA

Zip Code

94025-1936

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Amgen, Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01110

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

2200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Nels H. Enquist

Mailing Address 530 N.E. 88Th Street

City

Seattle

State

WA

Zip Code

98115-2937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seattle Public Schools

Occupation

Activity Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01111

Amount of Each Receipt this Period

105.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Nels H. Enquist

Mailing Address 530 N.E. 88Th Street

City

Seattle

State

WA

Zip Code

98115-2937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seattle Public Schools

Occupation

Activity Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01112

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jerry B. Epstein

Mailing Address 4201 Via Marina

City

Marina Del Rey

State

CA

Zip Code

90292-5236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01113

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1205.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark R Epstein

Mailing Address 3612 Holly Ridge Drive

City

Santa Rosa

State

CA

Zip Code

95409-4010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01114

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Tracy Erwin

Mailing Address 1706 Longacre Dr.

City

Houston

State

TX

Zip Code

77055-3133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Amherst Securities Group

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01115

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Gregg Esakoff

Mailing Address 710 Northwoods Dr

City

Whitefish

State

MT

Zip Code

59937-8159

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Engineering Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01116

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alvaro F. Espinosa

Mailing Address 3940 Sunshine Canyon Drive

City

Boulder

State

CO

Zip Code

80302-9722

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01117

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael P. Esposito, Jr.

Mailing Address P.O. Box 8908

City

Longboat Key

State

FL

Zip Code

34228-8908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01118

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Frances Estabrook

Mailing Address 1898 Kenwood Road  
Box 7606

City

Kingsport

State

TN

Zip Code

37664-3130

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01119

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Frances Estabrook

Mailing Address 1898 Kenwood Road  
 Box 7606

City State Zip Code  
 Kingsport TN 37664-3130

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai01120

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Frances Estabrook

Mailing Address 1898 Kenwood Road  
 Box 7606

City State Zip Code  
 Kingsport TN 37664-3130

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01121

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Harold Estes

Mailing Address 505 Hickory Hollow Street

City State Zip Code  
 Lufkin TX 75904-4777

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01122

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. George W. Etheridge, Jr.

Mailing Address 2847 Cobblestone Drive

City

Palm Harbor

State

FL

Zip Code

34684-1655

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Precision Orthopedic, Inc.

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01123

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Geoffrey Etherington, III

Mailing Address 165 W. 66th Street  
Apt. 3C

City

New York

State

NY

Zip Code

10023-6538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Edwards Angell Palmer &  
Dodge

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01124

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edward R. Ettner

Mailing Address 10535 Amity Street

City

Mason Neck

State

VA

Zip Code

22079-3516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01125

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Cliff Eubanks

Mailing Address 540 Johnstone Drive

City

Madison

State

MS

Zip Code

39110-7584

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Entergy

Occupation

General Manager-Nuclear Power Plant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01126

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Craig F Evans

Mailing Address 1765 N.E. 6th St

City

Hermiston

State

OR

Zip Code

97838

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A-1 Industrial Supply

Occupation

Owner/President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01127

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. J. Randolph Evans

Mailing Address 1500 Soaring Hawk Point

City

Atlanta

State

GA

Zip Code

30339-5661

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Arnall Golden & Gregory

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01128

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 383 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

John T Evans

Mailing Address 9030 Briarwood Lane

City State Zip Code  
**Dallas TX 75209**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
John T. Evans Company, In-  
c.

Occupation  
Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 1 3 / 2 0 0 9**

**Transaction ID: 2009M04L11ai01129**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Linda Evans

Mailing Address 1500 Soaring Hawk Point

City State Zip Code  
**Atlanta GA 30339-5661**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 1 3 / 2 0 0 9**

**Transaction ID: 2009M04L11ai01130**

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Ronald Evans

Mailing Address 16286 Maple Hall Drive

City State Zip Code  
**Midlothian VA 23113-6384**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 5 / 2 0 0 9**

**Transaction ID: 2009M04L11ai01131**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 384 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Shirley Bracken Evans

Mailing Address 4004 Lexington Avenue

City

Dallas

State

TX

Zip Code

75205-3823

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01132

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Shirley Bracken Evans

Mailing Address 4004 Lexington Avenue

City

Dallas

State

TX

Zip Code

75205-3823

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01133

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ermon Everett

Mailing Address 90 Apostolic Road

City

Sumrall

State

MS

Zip Code

39482-4343

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01134

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 385 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ermon Everett

Mailing Address 90 Apostolic Road

City

Sumrall

State

MS

Zip Code

39482-4343

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01135

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael C. Evers

Mailing Address 26 Hillcrest Drive

City

Kearney

State

NE

Zip Code

68845-3375

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nebraska Fire Sprinkler  
Corp

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01136

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Fred & Vanessa Ewing

Mailing Address 6419 Arden Court

City

Brentwood

State

TN

Zip Code

37027-5660

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01137

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 386 / 1940  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. &amp; Mrs. Fred &amp; Vanessa Ewing

Mailing Address 6419 Arden Court

City

Brentwood

State

TN

Zip Code

37027-5660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	9	

Transaction ID: 2009M04L11ai01138

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. &amp; Mrs. John B. Ewles

Mailing Address 11 Madrigal

City

San Clemente

State

CA

Zip Code

92673-2735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	9	

Transaction ID: 2009M04L11ai01139

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. George Eyrich

Mailing Address 617 Fairfax Road

City

Mobile

State

AL

Zip Code

36608-2939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	9	

Transaction ID: 2009M04L11ai01140

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

1550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 387 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Joan H. Facey

Mailing Address 245 River Landing Drive

City

Roswell

State

GA

Zip Code

30075-5045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01141

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Faga

Mailing Address 3166 Juniper Lane

City

Falls Church

State

VA

Zip Code

22044-1814

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01142

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Rita W. Fahrenkrug

Mailing Address 8365 Indian Hill Road

City

Manlius

State

NY

Zip Code

13104-8791

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
M.F.C.

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01143

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 388 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James M. Fail

Mailing Address Two 20th Street North  
Suite 930

City State Zip Code  
**Birmingham AL 35203-4014**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Stone Holdings, Inc.

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 31 2009**

Transaction ID: 2009M04L11ai01144

Amount of Each Receipt this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. S. Fairchild

Mailing Address 240 Ferry Road

City State Zip Code  
**Lewiston ME 04240-1103**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Central Maine Medical Cen-  
ter

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 23 2009**

Transaction ID: 2009M04L11ai01145

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gary Falconer

Mailing Address 7806 34Th Court East

City State Zip Code  
**Sarasota FL 34243-2866**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Disabled

Occupation  
Disabled

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 19 2009**

Transaction ID: 2009M04L11ai01146

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

15450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 389 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary Falconer

Mailing Address 7806 34Th Court East

City

Sarasota

State

FL

Zip Code

34243-2866

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Disabled

Occupation  
Disabled

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01147

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Nancy J. Falconer

Mailing Address 4525 S.W. Natchez Court

City

Tualatin

State

OR

Zip Code

97062-8769

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01148

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dinesh M. Faldu

Mailing Address 283 Colwyn Terrace

City

West Chester

State

PA

Zip Code

19380-1152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jbc Associates,inc.

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01149

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1925.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 390 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Betty Falk

Mailing Address 1152 Adair Street

City

San Marino

State

CA

Zip Code

91108-1803

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01150

Amount of Each Receipt this Period

160.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Fran Falk

Mailing Address 90-60 209 Street

City

Queens Village

State

NY

Zip Code

11428-1063

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Total Management Corp.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01151

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Fran Falk

Mailing Address 90-60 209 Street

City

Queens Village

State

NY

Zip Code

11428-1063

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Total Management Corp.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01152

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 391 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Howard Falkenberg

Mailing Address P.O. Box 123

City

Austin

State

TX

Zip Code

78767-0123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Staats Falkenberg & Partners

Occupation

Business Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01153

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Howard Falkenberg

Mailing Address P.O. Box 123

City

Austin

State

TX

Zip Code

78767-0123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Staats Falkenberg & Partners

Occupation

Business Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01154

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John L. Fallat

Mailing Address 33 Cherne Lane

City

San Anselmo

State

CA

Zip Code

94960-1318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01155

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Arthur Eugene Fallert

Mailing Address 23804 Avenue 184

City

Porterville

State

CA

Zip Code

93257-9391

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01156

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dean G. Fantini

Mailing Address 43 Fatherland Drive

City

Byfield

State

MA

Zip Code

01922-1400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01157

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Fargnoli

Mailing Address 10 Tanner Woods

City

San Antonio

State

TX

Zip Code

78248-1628

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mutual Of Omaha

Occupation  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01158

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Jane K. Farley

Mailing Address 5 Derby Run Court

City

Blythewood

State

SC

Zip Code

29016-8362

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01159

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John W. Farley

Mailing Address P.O. Box 269

City

Ballentine

State

SC

Zip Code

29002-0269

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01160

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ronald E. Farmer

Mailing Address 2122 Nantucket Drive #D

City

Houston

State

TX

Zip Code

77057-2906

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Us Led, Ltd

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01161

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ross N. Farnsworth

Mailing Address 460 S. Greenfield Road  
Suite 2

City State Zip Code  
**Mesa AZ 85206-2062**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Farnsworth Companies

Occupation  
Real Estate Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 11 2009**

**Transaction ID: 2009M04L11ai01162**

Amount of Each Receipt this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael W. Farr

Mailing Address 406 Randolph Ave.

City State Zip Code  
**Gridley CA 95948-2719**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 03 2009**

**Transaction ID: 2009M04L11ai01163**

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael W. Farr

Mailing Address 406 Randolph Ave.

City State Zip Code  
**Gridley CA 95948-2719**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 03 2009**

**Transaction ID: 2009M04L11ai01164**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

15350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Scott Farrar

Mailing Address 1200 Lipscomb Street

City

Fort Worth

State

TX

Zip Code

76104-4631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01165

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Scott Farrar

Mailing Address 1200 Lipscomb Street

City

Fort Worth

State

TX

Zip Code

76104-4631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01166

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr. David C. Farrell

Mailing Address 1220 Log Cabin Lane

City

Saint Louis

State

MO

Zip Code

63124-1529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01167

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Faulk

Mailing Address 2745 N.E. 35Th Court

City

Fort Lauderdale

State

FL

Zip Code

33308-6334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	0	9

Transaction ID: 2009M04L11ai01168

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Edward A. Faulkner

Mailing Address 9500 Oakridge Court

City

Newburg

State

MD

Zip Code

20664-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ecolab

Occupation

Licensed M.D.A. Applicator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	9

Transaction ID: 2009M04L11ai01169

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Norman F. Fee

Mailing Address 7209 E. Mc Donald Drive  
Unit 38

City

Scottsdale

State

AZ

Zip Code

85250-6053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	0	9

Transaction ID: 2009M04L11ai01170

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Jan E. & David Fehrenbacher

Mailing Address 27 Westminster Drive

City

Lincoln

State

IL

Zip Code

62656-5430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Walgreens

Occupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai01171

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jose Felipe

Mailing Address 711 Seaview Drive

City

Juno Beach

State

FL

Zip Code

33408-1309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01172

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Kaye M. Feller

Mailing Address 2777 Diamond Drive

City

Camarillo

State

CA

Zip Code

93010-9117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bank Of America

Occupation  
Risk Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01173

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. David F. Felsburg

Mailing Address 2902 Hampton Place Court

City

State

Zip Code

Plant City

FL

33566-9321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Paloma Systems, Inc.

Occupation

Executive Engineer / Small Business Ow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01174

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David F. Felsburg

Mailing Address 2902 Hampton Place Court

City

State

Zip Code

Plant City

FL

33566-9321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Paloma Systems, Inc.

Occupation

Executive Engineer / Small Business Ow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01175

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

W. Feltus

Mailing Address 815 Slaters Lane

City

State

Zip Code

Alexandria

VA

22314-1219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Media Inc

Occupation

Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01176

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Melody E. Ferber

Mailing Address 1454 Galaxy Dr.

City

Newport Beach

State

CA

Zip Code

92660-4920

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01177

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. & Mrs. John P. Ferguson

Mailing Address 629 Augusta Drive

City

Springfield

State

MO

Zip Code

65809-1503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01178

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Mary N. Fernandez

Mailing Address P.O. Box 4027

City

Bellevue

State

WA

Zip Code

98009-4027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01179

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. F. Michael Ferrante

Mailing Address 24745 Robert Guy Road

City State Zip Code  
 Hidden Hills CA 91302-1157

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 UCLA Dept Of Anesthesiology

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01180

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Mary B. Ferrebee

Mailing Address 18110 Ridgewood Avenue

City State Zip Code  
 Lansing IL 60438-2256

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01181

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Mary B. Ferrebee

Mailing Address 18110 Ridgewood Avenue

City State Zip Code  
 Lansing IL 60438-2256

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01182

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 401 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ross M. Ferreri

Mailing Address 200 Fleet Avenue

City

Edison

State

NJ

Zip Code

08820-2430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Edison Board Of Education

Occupation  
Clerical Adi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01183

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ross M. Ferreri

Mailing Address 200 Fleet Avenue

City

Edison

State

NJ

Zip Code

08820-2430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Edison Board Of Education

Occupation  
Clerical Adi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01184

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Joan Mc Cormack Ferrill

Mailing Address 2001 Fort Drive

City

Alexandria

State

VA

Zip Code

22307-3330

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Strathmoore Company

Occupation  
Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01185

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 402 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Douglas W. Ferris

Mailing Address 40 S. Rose Road

City

Memphis

State

TN

Zip Code

38117-2902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01186

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frank J. Fertiitta, Jr.

Mailing Address 10801 W. Charleston Blvd.

City

Las Vegas

State

NV

Zip Code

89135-1709

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fertiitta Enterprises

Occupation

Chairman Of The Board

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01187

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. John & Delores Fery

Mailing Address P.O. Box 15407

City

Boise

State

ID

Zip Code

83715-5407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01188

Amount of Each Receipt this Period

1125.00

**SUBTOTAL** of Receipts This Page (optional) .....

6375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 403 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Patricia L. Fiedler

Mailing Address 3425 Valley Creek Circle

City

Middleton

State

WI

Zip Code

53562-1991

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01189

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence W. Field

Mailing Address 9884 Carmelita Avenue

City

Beverly Hills

State

CA

Zip Code

90210-3119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N.S.B. Associates, Inc.

Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01190

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Lester D. Findley

Mailing Address 12119 Salt River Valley Lane

City

Humble

State

TX

Zip Code

77346-2965

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01191

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

820.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Lester D. Findley

Mailing Address 12119 Salt River Valley Lane

City

Humble

State

TX

Zip Code

77346-2965

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01192

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles V. Finell

Mailing Address 402 W. Carmel Valley Road

City

Carmel Valley

State

CA

Zip Code

93924-9417

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01193

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William Lloyd Fink

Mailing Address P.O. Box 1849

City

Alamogordo

State

NM

Zip Code

88311-1849

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01194

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard S. Finlayson

Mailing Address 10902 Rocky Trail

City

San Antonio

State

TX

Zip Code

78249-4133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ut Health Science Ctr.

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01195

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard S. Finlayson

Mailing Address 10902 Rocky Trail

City

San Antonio

State

TX

Zip Code

78249-4133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ut Health Science Ctr.

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01196

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Jerry Finsterwald

Mailing Address 12787 Barnett Drive

City

Mount Airy

State

MD

Zip Code

21771-6140

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lorh Corporation

Occupation  
Systems Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01197

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bernard Fioravanti

Mailing Address 1510 W. 90th St. N

City

Wagoner

State

OK

Zip Code

74467-8159

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01198

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Daniel Fishback

Mailing Address 76 Adam Way

City

Atherton

State

CA

Zip Code

94027-3902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Demandtect

Occupation  
C.E.O./President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01199

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Patricia L. Fisher

Mailing Address 10031 N.E. 20Th Avenue

City

Chiefland

State

FL

Zip Code

32626-2930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01200

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 407 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Shirley M. Fisher

Mailing Address 3171 W. Pasa Tiempo Avenue

City State Zip Code  
**Fresno CA 93711-0242**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 30 2009**

Transaction ID: 2009M04L11ai01201

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Walter W. Fisher

Mailing Address 355 Pine Ridge Drive

City State Zip Code  
**Bloomfield Hills MI 48083**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nub's Nob Inc

Occupation  
Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 31 2009**

Transaction ID: 2009M04L11ai01202

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Laurel Fitzgerald

Mailing Address 7131 Valburn Drive

City State Zip Code  
**Austin TX 78731-1432**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 23 2009**

Transaction ID: 2009M04L11ai01203

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**850.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 408 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

William & Theresa Fitzgerald

Mailing Address 7610 Misty Woods Court

City

Morrow

State

OH

Zip Code

45152-1608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01204

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

William & Theresa Fitzgerald

Mailing Address 7610 Misty Woods Court

City

Morrow

State

OH

Zip Code

45152-1608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01205

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Benjamin Fitzpatrick

Mailing Address P.O. Box 817

City

Niwot

State

CO

Zip Code

80544-0817

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01206

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 409 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James D. Fitzpatrick

Mailing Address 110 W. Fayette Street  
 Bond Law Firm

City State Zip Code  
 Syracuse NY 13202-1324

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Bond Schoeneck & King

Occupation  
 Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01207

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Flaherty

Mailing Address 189 Apache Way

City State Zip Code  
 Tewksbury MA 01876-4519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01208

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Flaherty

Mailing Address 189 Apache Way

City State Zip Code  
 Tewksbury MA 01876-4519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01209

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Terrence D. Flanagan

Mailing Address 3166 Ariana Drive

City

Oakton

State

VA

Zip Code

22124-1847

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Abbott

Occupation  
Medical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01210

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Flaum

Mailing Address P.O. Box 3117

City

Vail

State

CO

Zip Code

81658-3117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01211

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Maryann Flego

Mailing Address 23 Collura Lane

City

Clifton

State

NJ

Zip Code

07012-1660

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Advogent

Occupation  
Client Service Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01212

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Edward Fleming

Mailing Address 3015 Aqua Vista Lane  
 Apartment 121

City State Zip Code  
 Saint Augustine FL 32084-1262

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01213

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Edward Fleming

Mailing Address 3015 Aqua Vista Lane  
 Apartment 121

City State Zip Code  
 Saint Augustine FL 32084-1262

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01214

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lewis M. Fleming

Mailing Address 702 W. Main Street

City State Zip Code  
 Honey Grove TX 75446-1509

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01215

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Peter D. Fleming

Mailing Address 1022 Route 211 W.

City

Middletown

State

NY

Zip Code

10940-7637

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01216

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Peter D. Fleming

Mailing Address 1022 Route 211 W.

City

Middletown

State

NY

Zip Code

10940-7637

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01217

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Darryl L. Flinn

Mailing Address 7997 Surbey Avenue N.W.

City

North Canton

State

OH

Zip Code

44720-8351

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01218

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Debra S. Flinger

Mailing Address 516 Old Farm Road

City

Pittsburgh

State

PA

Zip Code

15234-2420

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tristate Capital Bank

Occupation  
Banking

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01219

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Debra S. Flinger

Mailing Address 516 Old Farm Road

City

Pittsburgh

State

PA

Zip Code

15234-2420

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tristate Capital Bank

Occupation  
Banking

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01220

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Norris E. Flodine

Mailing Address 180 Country Grace S.

City

New Braunfels

State

TX

Zip Code

78130-8959

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01221

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Cheryl L Flohr

Mailing Address 4208 Morning Star Dr

City State Zip Code  
**Castle Rock CO 80108-9022**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 10 2009**

Transaction ID: 2009M04L11ai01222

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark B. Florian

Mailing Address 378 Brookside Road

City State Zip Code  
**Darien CT 06820-2205**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
First Reserve Consolation

Occupation  
Investment Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 02 2009**

Transaction ID: 2009M04L11ai01223

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Flowers

Mailing Address 138 Club Way

City State Zip Code  
**Enterprise AL 36330-8312**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
James E Flowers Md Pc

Occupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 06 2009**

Transaction ID: 2009M04L11ai01224

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1625.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Floyd

Mailing Address 21 Lemon Hill Drive

City

Oroville

State

CA

Zip Code

95966-3708

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self/Retired

Occupation

General Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01225

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Floyd

Mailing Address 21 Lemon Hill Drive

City

Oroville

State

CA

Zip Code

95966-3708

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self/Retired

Occupation

General Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01226

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth A. Floyd

Mailing Address 52 Thunder Ridge

City

Boerne

State

TX

Zip Code

78006-8106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01227

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James T. Flythe

Mailing Address 4741 Windcross Drive

City

Raleigh

State

NC

Zip Code

27614-8719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01228

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Mary Fogel

Mailing Address 312 Lake Shore Drive

City

Lindenhurst

State

IL

Zip Code

60046-8834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fogel Consulting

Occupation  
Healthcare Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01229

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Claris Fogle

Mailing Address 135 Darby Street

City

Crescent City

State

CA

Zip Code

95531-9168

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01230

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Neil Fogle

Mailing Address 17219 Glen Oaks Dr

City

Conroe

State

TX

Zip Code

77385-4631

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation

Water Utility

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01231

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Blair Fontenot

Mailing Address 1350 West Gum St.

City

Eunice

State

LA

Zip Code

70535-4316

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Delta Drilling Products  
& Ser.

Occupation

General Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01232

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Terry L. Footer

Mailing Address P.O. Box 1713

City

Rancho Santa Fe

State

CA

Zip Code

92067-1713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01233

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lynn Forbes

Mailing Address 14800 I.L. Highway 49

City

Brocton

State

IL

Zip Code

61917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01234

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. & Mrs. William Forbes

Mailing Address P.O. Box 309

City

Evans Mills

State

NY

Zip Code

13637-0309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospice of Jefferson Co.

Occupation  
Thanatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01235

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dennis A. Forchione

Mailing Address 1 Corporation Center

City

Cleveland

State

OH

Zip Code

44147-3265

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01236

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dennis A. Forchione

Mailing Address 1 Corporation Center

City

Cleveland

State

OH

Zip Code

44147-3265

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01237

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Allen H. Ford

Mailing Address 1890 East 107th Street  
Apartment 905

City

Cleveland

State

OH

Zip Code

44106-2252

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01238

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles H. Ford

Mailing Address 38 Duxbury Road

City

Newton Centre

State

MA

Zip Code

02459-2516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01239

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

5600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 420 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frank H. Ford, Jr.

Mailing Address 1015 Ontario Street

City

Shreveport

State

LA

Zip Code

71106-1411

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01240

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James S. Ford

Mailing Address 5585 Center Street  
Tara H. Ford

City

Jupiter

State

FL

Zip Code

33458-3941

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Palm Beach Cast Stone, In-  
c.

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01241

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Linda Knickerbocker Ford

Mailing Address 3050 Ivy Road

City

Charlottesville

State

VA

Zip Code

22903-9302

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01242

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 421 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Tim P. Ford

Mailing Address S.K.17A.A. Lake Cherokee

City

Henderson

State

TX

Zip Code

75652

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Monsanto Company

Occupation

Sales Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01243

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Tim P. Ford

Mailing Address S.K.17A.A. Lake Cherokee

City

Henderson

State

TX

Zip Code

75652

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Monsanto Company

Occupation

Sales Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01244

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jane A. Fore

Mailing Address 2941 Dove Place

City

Clarkston

State

WA

Zip Code

99403-1461

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01245

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 422 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Milton Fore

Mailing Address 7440 E. 46Th Place

City

Tulsa

State

OK

Zip Code

74145-6306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Flow-Quip, Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01246

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen B Forsey

Mailing Address 3650 S. Yosemite St.  
Suite 408

City

Denver

State

CO

Zip Code

80237-1838

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sales Management Group,  
Inc.

Occupation  
Small Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01247

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mike S. Fortney

Mailing Address 6309 Serene Circle

City

Bismarck

State

ND

Zip Code

58503-9196

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Central Dakota Radiologis-  
ts

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01248

Amount of Each Receipt this Period

495.00

**SUBTOTAL** of Receipts This Page (optional) .....

845.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 423 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ronald Foss

Mailing Address 5108 Phoenix East Court

City

Fair Oaks

State

CA

Zip Code

95628

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Army

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01249

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Jeanette Fossati

Mailing Address 121 E. Hudson Avenue

City

Englewood

State

NJ

Zip Code

07631-1940

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01250

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James B. Fossett

Mailing Address 1579 Van Buren Road

City

Barnesville

State

GA

Zip Code

30204-3141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01251

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 424 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Carl Foster

Mailing Address 9153 N.W. Fullner Court

City

Portland

State

OR

Zip Code

97229-8465

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01252

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul L. Foster

Mailing Address 123 W. Mills

City

El Paso

State

TX

Zip Code

79901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Western Refining Company

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01253

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. William & Cindy Foster

Mailing Address P.O. Box 301

City

East Helena

State

MT

Zip Code

59635-0301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01254

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

2305.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 425 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Susan L. Fotiadis

Mailing Address 4106 7Th Street

City

East Moline

State

IL

Zip Code

61244-3511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Specialty Hospital

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01255

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James B. Foulk

Mailing Address 3643 Harmony Church Road

City

Havre De Grace

State

MD

Zip Code

21078-1015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01256

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Vivian G. Fountain

Mailing Address 10675 Bellagio Road

City

Los Angeles

State

CA

Zip Code

90077-3728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01257

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 426 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Fournier

Mailing Address 6684 E Cactus Wren Rd

City

Paradise Valley

State

AZ

Zip Code

85253-4357

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Freelife International

Occupation

President & Cofounder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01258

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Billy D. Fouty

Mailing Address 8533 E. Boxthorn Street

City

Wichita

State

KS

Zip Code

67226-1909

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01259

Amount of Each Receipt this Period

145.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Beth Fox

Mailing Address P.O. Box 608

City

Stevensville

State

MT

Zip Code

59870-0608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01260

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

665.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 427 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Sean Foy

Mailing Address 125 Inland Lane North  
615 1st Avenue NE

City State Zip Code  
Minneapolis MN 55447-3596

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Linnihan Foy Advertising

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01261

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Janelle Francis

Mailing Address P.O. Box 19889

City State Zip Code  
Houston TX 77224-9889

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai01262

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Tammy M. Francis

Mailing Address P.O. Box 754

City State Zip Code  
Newport TN 37822-0754

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01263

Amount of Each Receipt this Period

245.00

**SUBTOTAL** of Receipts This Page (optional) .....

1245.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 428 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. George C. Francisco, III

Mailing Address 2210 Avalon Place

City

Houston

State

TX

Zip Code

77019-6408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai01264

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas J. Francomano

Mailing Address 254 Church Street  
Suite 1

City

Saratoga Springs

State

NY

Zip Code

12866-1076

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai01265

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George Frank

Mailing Address P.O. Box 20878

City

Billings

State

MT

Zip Code

59104-0878

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01266

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 429 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Major Gene Joseph P. Franklin

Mailing Address 1559 22Nd Street N.

City

Arlington

State

VA

Zip Code

22209-1131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
F. Electronics, Inc.

Occupation

Chief Executive Of Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01267

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Martha C. Fransson

Mailing Address 11 Dodge Drive

City

West Hartford

State

CT

Zip Code

06107-1009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01268

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Martha C. Fransson

Mailing Address 11 Dodge Drive

City

West Hartford

State

CT

Zip Code

06107-1009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01269

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 430 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John P. Franz

Mailing Address 6303 Brocketts Crossing

City

Alexandria

State

VA

Zip Code

22315-3551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai01270

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald Frazier

Mailing Address 4114 State Highway 206

City

Bainbridge

State

NY

Zip Code

13733-3203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01271

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ronald Frazier

Mailing Address 4114 State Highway 206

City

Bainbridge

State

NY

Zip Code

13733-3203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01272

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 431 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Fredette

Mailing Address 305 Forliview Road

City

Glenshaw

State

PA

Zip Code

15116-1823

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01273

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth Freeland

Mailing Address 1785 Wisteria Drive

City

Chambersburg

State

PA

Zip Code

17202-3009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01274

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Andrew Freeman

Mailing Address 4600 Chevy Chase Blvd.

City

Chevy Chase

State

MD

Zip Code

20815-5301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01275

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 432 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Andrew Freeman

Mailing Address 4600 Chevy Chase Blvd.

City

Chevy Chase

State

MD

Zip Code

20815-5301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01276

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Charles Freeman

Mailing Address P.O. Box 320

City

Crystal City

State

MO

Zip Code

63019-0320

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01277

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Freeman

Mailing Address 5015 Fairways Circle  
Apartment 207

City

Vero Beach

State

FL

Zip Code

32967-1842

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01278

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 433 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Peter French

Mailing Address 95 America Way

City

Jamestown

State

RI

Zip Code

02835-1804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01279

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert P.L. Frick

Mailing Address 2141 Huntington Street

City

Bethlehem

State

PA

Zip Code

18017-4936

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01280

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Leon Frid

Mailing Address 17603 Woods Edge Drive

City

Dallas

State

TX

Zip Code

75287-7547

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01281

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 434 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Jeanmarie N. Frieus

Mailing Address 143 Timbercreek Drive E.

City State Zip Code  
 Yorkville IL 60560-9426

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01282

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Herbert Friedman

Mailing Address 364 W. 4Th Street

City State Zip Code  
 Chillicothe OH 45601-3040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01283

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Rayenell Friend

Mailing Address 248 Collett Road

City State Zip Code  
 Waynesville OH 45068-9306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01284

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 435 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William L. Friend

Mailing Address 1311 Ballantrae Farm Drive

City

McLean

State

VA

Zip Code

22101-3028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bechtel

Occupation

Chemical Engineer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01285

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles G. Frink

Mailing Address 15816 Echo Hill Drive

City

Fountain Hills

State

AZ

Zip Code

85268-3906

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01286

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mike Frisbie

Mailing Address 7793 East Highway  
#4

City

Gypsum

State

KS

Zip Code

67448

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Frisbie Construction Comp-  
any, Inc.

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01287

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 436 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. E. Eilline Fritzberg

Mailing Address Po Ox 257

City

State

Zip Code

**Boardman**

**OR**

**97818**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2300.00**

Date of Receipt

**03 / 27 / 2009**

**Transaction ID: 2009M04L11ai01288**

Amount of Each Receipt this Period

**2300.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Harold & Sandra Fromm

Mailing Address 314 N. Berry Pine Road

City

State

Zip Code

**Rapid City**

**SD**

**57702-1859**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**550.00**

Date of Receipt

**03 / 04 / 2009**

**Transaction ID: 2009M04L11ai01289**

Amount of Each Receipt this Period

**550.00**

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Marguerite Froscher

Mailing Address 3892 Wilder Blvd.

City

State

Zip Code

**Fernandina Beach**

**FL**

**32034-7350**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**03 / 04 / 2009**

**Transaction ID: 2009M04L11ai01290**

Amount of Each Receipt this Period

**1000.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**3850.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 437 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daniel Marcusq Frost

Mailing Address P.O. Box 271  
 Frost Crushed Stone Co Inc

City State Zip Code  
 Mexia TX 76667-0271

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Frost Crushed Stone G. In-  
 c.

Occupation  
 Rock Crushing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01291

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Julia Fry

Mailing Address 998 21 1/2 Road

City State Zip Code  
 Grand Junction CO 81505-9302

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01292

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Henry C. Fucik

Mailing Address 8290 S.W. 58Th Street

City State Zip Code  
 Miami FL 33143-1502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01293

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 438 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Henry C. Fucik

Mailing Address 8290 S.W. 58Th Street

City

Miami

State

FL

Zip Code

33143-1502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01294

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gary Fulk

Mailing Address P.O. Box 669

City

Jamestown

State

NC

Zip Code

27282-0669

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01295

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ralph S. Fulk

Mailing Address 5525 Adamstown Rd.

City

Adamstown

State

MD

Zip Code

21710-9620

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01296

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Stefanie Fuller

Mailing Address 8752 Pine Barrens Dr

City

Orlando

State

FL

Zip Code

32817-1333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01297

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Tommy Lynn Fulton

Mailing Address 3103 W. Oakellar Avenue

City

Tampa

State

FL

Zip Code

33611-2917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Group

Occupation  
Civil Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01298

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Funk

Mailing Address P.O. Box 98

City

Sewickley

State

PA

Zip Code

15143-0098

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01299

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert M. Furek

Mailing Address 1370 Cutler Court

City

Marco Island

State

FL

Zip Code

34145-5841

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01300

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

John Fust, Jr.

Mailing Address 40221 Featherbed Lane

City

Lovettsville

State

VA

Zip Code

20180-3528

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Us Army

Occupation  
Colonel Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01301

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Anthony Gable

Mailing Address 320 W Illinois St #611

City

Chicago

State

IL

Zip Code

60654-7823

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lee Hecht Harrison

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01302

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David A. Galliher

Mailing Address P.O. Box 514

City

Boca Grande

State

FL

Zip Code

33921-0514

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01303

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Glen Galloway

Mailing Address 744 N. Oaklawn Avenue

City

Elmhurst

State

IL

Zip Code

60126-1406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01304

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John F. Gamba

Mailing Address 6518 Highcroft Drive

City

Naples

State

FL

Zip Code

34119-8420

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01305

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John F. Gamba

Mailing Address 6518 Highcroft Drive

City

Naples

State

FL

Zip Code

34119-8420

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01306

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Edward A. Gamble

Mailing Address 6090 Leeds Manor Road

City

Hume

State

VA

Zip Code

22639-1913

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01307

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Matthew M. Gambs

Mailing Address 2537 Sutton Lane

City

Aurora

State

IL

Zip Code

60502-9461

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bloomingdale Bank & Trust

Occupation  
Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01308

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Tom Gammon

Mailing Address 3100 Mcpherson Rd

City

Roswell

State

GA

Zip Code

30075

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Americom

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01309

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William D. Gander

Mailing Address 5240 S.E. 82Nd Avenue

City

Portland

State

OR

Zip Code

97266-4804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01310

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert T. Gannett

Mailing Address P.O. Box 517

City

Brattleboro

State

VT

Zip Code

05302-0517

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01311

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Nelda Gant

Mailing Address 2766 Quail Hollow Road W.

City

Clearwater

State

FL

Zip Code

33761-3216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01312

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Nelda Gant

Mailing Address 2766 Quail Hollow Road W.

City

Clearwater

State

FL

Zip Code

33761-3216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01313

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Dale Garaux

Mailing Address Cmr 402 Box 84

City

Apo

State

AE

Zip Code

09180-0084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Us Army

Occupation  
Pacs Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01314

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

265.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John M. Garber

Mailing Address 1514 Augusta Drive

City

Ada

State

OK

Zip Code

74820-8575

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01315

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gregory Garcia

Mailing Address 13405 Walnutwood

City

Germantown

State

MD

Zip Code

20874-1025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wrair

Occupation  
Research Scientist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01316

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Howard W. Gardner

Mailing Address P.O. Box 217

City

Cutten

State

CA

Zip Code

95534-0217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01317

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. James Richard Gardner

Mailing Address P.O. Box 765

City

Boalsburg

State

PA

Zip Code

16827-0765

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01318

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ralph D Gardner

Mailing Address 5410 Heyward Square Place

City

Marietta

State

GA

Zip Code

30068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Gardner Metal System Inc.

Occupation

Co-Owner & Vp Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01319

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Beth Ann Garner

Mailing Address 14914 Almondell Drive

City

Huntersville

State

NC

Zip Code

28078-2223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Meck Co. Health Dept.

Occupation

Public Health Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01320

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

1425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Beth Ann Garner

Mailing Address 14914 Almondell Drive

City

Huntersville

State

NC

Zip Code

28078-2223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Meck Co. Health Dept.

Occupation

Public Health Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01321

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Phil Garnto

Mailing Address 413 Hillcrest Drive

City

Waterloo

State

IL

Zip Code

62298-1713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01322

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dave Garside

Mailing Address 6485 Bybee Drive

City

Ogden

State

UT

Zip Code

84403-5489

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jefco Inc.

Occupation

Sales/Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01323

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert W. Garthwait, Sr.

Mailing Address P.O. Box 1367

City

**Waterbury**

State

**CT**

Zip Code

**06721-1367**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

**Self-Employed**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03 / 03 / 2009**

**Transaction ID: 2009M04L11ai01324**

Amount of Each Receipt this Period

**500.00**

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary Garvens

Mailing Address 2167 South 80Th Street  
 Apartment 2

City

**Milwaukee**

State

**WI**

Zip Code

**53219-1067**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Aurora Health Care

Occupation

**Registered Nurse**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 06 / 2009**

**Transaction ID: 2009M04L11ai01325**

Amount of Each Receipt this Period

**50.00**

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary Garvens

Mailing Address 2167 South 80Th Street  
 Apartment 2

City

**Milwaukee**

State

**WI**

Zip Code

**53219-1067**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Aurora Health Care

Occupation

**Registered Nurse**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 23 / 2009**

**Transaction ID: 2009M04L11ai01326**

Amount of Each Receipt this Period

**50.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**600.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 449 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Paula S. Gates

Mailing Address 8456 Stockton Place

City

Germantown

State

TN

Zip Code

38139-4327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Southern Land Company

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01327

Amount of Each Receipt this Period

330.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Russell D. Gates

Mailing Address 606 Prospect Avenue

City

Oakland

State

CA

Zip Code

94610-3719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Metalco

Occupation

Anodizer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01328

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lee Gatzke

Mailing Address R.R. 1 Box 9-A

City

Tulare

State

SD

Zip Code

57476

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01329

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1080.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 450 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. J. Patrick Gavaghan

Mailing Address 2530 Glenwood Avenue

City

Raleigh

State

NC

Zip Code

27608-1002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Keystone Corporation

Occupation

Real Estate Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01330

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald L. Gavello

Mailing Address 695 Towne Street

City

Grants Pass

State

OR

Zip Code

97527-5655

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01331

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Gavin

Mailing Address 2780 Shannon Road

City

Northbrook

State

IL

Zip Code

60062-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Prt

Occupation

Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01332

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 451 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frederick W. Geissinger

Mailing Address 601 N.W. 2Nd Street

City

Evansville

State

IN

Zip Code

47708-1013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American General

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01333

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Paul H. Geithner

Mailing Address 4290 Highlands Bridge Road

City

Sarasota

State

FL

Zip Code

34235-6862

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01334

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Paul H. Geithner

Mailing Address 4290 Highlands Bridge Road

City

Sarasota

State

FL

Zip Code

34235-6862

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01335

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

335.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 452 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. & Mrs. Harvey Gelman

Mailing Address 150 38Th B. Union Turnpike  
 Apartment 4-0

City State Zip Code  
 Flushing NY 11367

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01336

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)  
 Dr. & Mrs. Kenneth M. Gelman

Mailing Address 3745 N.W. 89Th Terrace

City State Zip Code  
 Hollywood FL 33024-8723

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01337

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Mark Gengozian

Mailing Address 3292 S. Forest Street

City State Zip Code  
 Denver CO 80222-7554

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01338

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 453 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ralph P. Genovese

Mailing Address 2085 Cornell Avenue

City

Melrose Park

State

IL

Zip Code

60160-1002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lake Book Manufacturing, Inc.

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01339

Amount of Each Receipt this Period

450.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Corey Genteel

Mailing Address 1359 Ridge Road

City

Bangor

State

PA

Zip Code

18013-5426

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pocono Emergency Physicians

Occupation  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01340

Amount of Each Receipt this Period

130.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. H. Alfred George

Mailing Address 4337 Valleyside Drive N.E.

City

Grand Rapids

State

MI

Zip Code

49525-9688

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01341

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

680.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 454 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Ipe George

Mailing Address 75 Golf Lane

City

Ridgefield

State

CT

Zip Code

06877-4818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01342

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Jason Gerald

Mailing Address 468 Upton Rd.

City

Upton

State

KY

Zip Code

42784-9720

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Csx Transportation

Occupation

Signal Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01343

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. C. H. Coster Gerard

Mailing Address 515 Madison Avenue  
Floor 32

City

New York

State

NY

Zip Code

10022-5417

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01344

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

1325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 455 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Milton F. Gerber

Mailing Address 25331 E. 2600Th Street

City

Prophetstown

State

IL

Zip Code

61277-8892

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01345

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Ivan Gerhath

Mailing Address P.O. Box 3640

City

Los Altos

State

CA

Zip Code

94024-0640

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01346

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Roger Getz

Mailing Address 8 Snyder Hill Road

City

Lititz

State

PA

Zip Code

17543-8935

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01347

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 456 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Fred J. Giaconia

Mailing Address 754 Silk Oak Drive

City

Venice

State

FL

Zip Code

34293-7281

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01348

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles H. Gibbons

Mailing Address 2383 Carolina Court

City

Mobile

State

AL

Zip Code

36695-4944

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01349

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Hallie H. Gibbs

Mailing Address 617 S. Eagle Trace

City

Jefferson City

State

MO

Zip Code

65109-4535

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01350

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 457 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. William I. Gibbs

Mailing Address 5850 N. Five Mile Road  
 Apartment 152

City State Zip Code  
 Boise ID 83713-3763

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01351

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. & Mrs. Donald H. Gibson

Mailing Address P. O. Box 157

City State Zip Code  
 Brawley CA 92227-0157

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Gibson Schaefer Inc.

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai01352

Amount of Each Receipt this Period

198.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Edward Gibson

Mailing Address 34022 N. 85Th Street

City State Zip Code  
 Scottsdale AZ 85266-1345

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01353

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

568.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 458 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward Gibson

Mailing Address 34022 N. 85Th Street

City

Scottsdale

State

AZ

Zip Code

85266-1345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01354

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John W. Gibson

Mailing Address 3011 Bransford Road

City

Augusta

State

GA

Zip Code

30909-3090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hull Storey Retail Group

Occupation

Real Estate

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01355

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Gibson

Mailing Address 1 Roebling Way  
Suite 1901

City

Covington

State

KY

Zip Code

41011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scanner Applications

Occupation

Ceo

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01356

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

490.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 459 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William J. Gidley

Mailing Address 2210 S.W. Roxbury

City

Portland

State

OR

Zip Code

97225-5143

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01357

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard G. Gieser

Mailing Address 504 E. Forest Avenue

City

Wheaton

State

IL

Zip Code

60187-3836

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wheaton Eye Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01358

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence R. Giglio

Mailing Address 16875 Kehrsdale Dr.

City

Chesterfield

State

MO

Zip Code

63005-6531

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Grayban

Occupation  
Senior Vice President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01359

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Warren A. Gilbert, Jr.

Mailing Address 5 Kingsgate Court

City

Dallas

State

TX

Zip Code

75225-2018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01360

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Leo E. Gilcher

Mailing Address 12315 Burgess Avenue  
Apartment 247

City

Whittier

State

CA

Zip Code

90604-3060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01361

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Dorothy Gilgut

Mailing Address P.O. Box 7266

City

Ocean Park

State

ME

Zip Code

04063-7266

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unemployed

Occupation  
Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01362

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Alan D. Gillan

Mailing Address 3556 W 62nd Avenue

City

Denver

State

CO

Zip Code

80221-1907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01363

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bill D. Gillentine

Mailing Address 5755 Fm 390 Road E.

City

Brenham

State

TX

Zip Code

77833-8281

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01364

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William J. Gillespie

Mailing Address 130 Irvine Cove Place

City

Laguna Beach

State

CA

Zip Code

92651-1042

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01365

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John R. Gillis

Mailing Address 2303 Nelson Road

City

Bozeman

State

MT

Zip Code

59718-8741

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
S.G.M. Bio-Tech

Occupation

Business Manager/Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01366

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Geraldine M. Gilmartin

Mailing Address 8 Barney Park

City

Irvington

State

NY

Zip Code

10533-1601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RDC Center

Occupation

Family Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01367

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Chieko N. Gilmer

Mailing Address 12303 E. Villanova Drive

City

Aurora

State

CO

Zip Code

80014-1905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01368

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

1285.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Harold Gilmore

Mailing Address 3665 S. County Road 300 E.

City  
**Liberty**

State  
**IN**

Zip Code  
**47353-9332**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**03 / 06 / 2009**

**Transaction ID: 2009M04L11ai01369**

Amount of Each Receipt this Period

**100.00**

**B.**

Full Name (Last, First, Middle Initial)

Reed & Priscilla Gilmore

Mailing Address 330 S. 89th Ct.

City  
**omaha**

State  
**NE**

Zip Code  
**68114-4069**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**03 / 18 / 2009**

**Transaction ID: 2009M04L11ai01370**

Amount of Each Receipt this Period

**1000.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Giolando

Mailing Address 353 S. Berkeley Avenue

City  
**Pasadena**

State  
**CA**

Zip Code  
**91107-5061**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 31 / 2009**

**Transaction ID: 2009M04L11ai01371**

Amount of Each Receipt this Period

**250.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1350.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Geatano P. Giordano

Mailing Address 712 Kimberly Drive

City

Moorestown

State

NJ

Zip Code

08057-4407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Vincent Giordano

Occupation

Corporate Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01372

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Peter L. Girardin

Mailing Address 693 Hickory Road

City

Naples

State

FL

Zip Code

34108-2638

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01373

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. C. Joe Giroir

Mailing Address 1250 Sawmill Road S.

City

Quitman

State

AR

Zip Code

72131-9522

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01374

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 465 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Earl E. Gjelde

Mailing Address 790 Rose Acres Ct

City

Loveland

State

CO

Zip Code

80537-9376

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Spgi

Occupation  
Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01375

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Earl E. Gjelde

Mailing Address 790 Rose Acres Ct

City

Loveland

State

CO

Zip Code

80537-9376

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Spgi

Occupation  
Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01376

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David M. Glagovsky

Mailing Address 4501 31st Street S.  
Apt. 204

City

Arlington

State

VA

Zip Code

22206-4900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai01377

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 466 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David M. Glagovsky

Mailing Address 4501 31st Street S.  
Apt. 204

City State Zip Code  
Arlington VA 22206-4900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai01378

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Patrick W. Glass

Mailing Address 2601 Silverton Dr

City State Zip Code  
Las Vegas NV 89134-8835

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01379

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Patrick W. Glass

Mailing Address 2601 Silverton Dr

City State Zip Code  
Las Vegas NV 89134-8835

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01380

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

420.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Wendell R. Glassco

Mailing Address 1750 Bohannon Road

City

Boaz

State

AL

Zip Code

35957-3705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01381

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Abraham S. Glauberman

Mailing Address 802 Enterprise St

City

Cape Girardeau

State

MO

Zip Code

63703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01382

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Ann Glendinning

Mailing Address 318 South Beach Road

City

Hobe Sound

State

FL

Zip Code

33455-2605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01383

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 468 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Wadley Raoul Glenn

Mailing Address 2041 Cleveland Street Extension

City

Greenville

State

SC

Zip Code

29607-3603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Courts, Martin & Associates

Occupation

Real Estate Appraiser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01384

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Glielmi

Mailing Address 10 De Longis Court

City

Sparkill

State

NY

Zip Code

10976-1245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01385

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard Glielmi

Mailing Address 10 De Longis Court

City

Sparkill

State

NY

Zip Code

10976-1245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01386

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

670.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert O. Glover

Mailing Address 1967 Batello Drive

City

Venice

State

FL

Zip Code

34292-4635

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01387

Amount of Each Receipt this Period

70.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert O. Glover

Mailing Address 1967 Batello Drive

City

Venice

State

FL

Zip Code

34292-4635

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01388

Amount of Each Receipt this Period

70.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Gochee

Mailing Address 13405 322nd Street West

City

Illinois City

State

IL

Zip Code

61259-9500

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01389

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

640.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 470 / 1940  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Ms. Vera Boyd Godwin

Mailing Address 490 Oak View Drive

City

Vacaville

State

CA

Zip Code

95688-4224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	9

Transaction ID: 2009M04L11ai01390

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Daniel L. Goelzer

Mailing Address 5941 Searl Terrace

City

Bethesda

State

MD

Zip Code

20816-2022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
P.C.A.O.B.Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	0	9

Transaction ID: 2009M04L11ai01391

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Col. Edwin S. Goepfer

Mailing Address 111 Coventry Lane

City

Bardstow

State

KY

Zip Code

40004-8733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	0	9

Transaction ID: 2009M04L11ai01392

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

1150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Donald Goeres

Mailing Address 4201 Gardendale Court

City

Riverside

State

CA

Zip Code

92505-3460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Brake Masters

Occupation  
Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01393

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald Goeres

Mailing Address 4201 Gardendale Court

City

Riverside

State

CA

Zip Code

92505-3460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Brake Masters

Occupation  
Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01394

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Marion Gogolak

Mailing Address 7040 Pelican Bay Blvd. D401

City

Naples

State

FL

Zip Code

34108-5520

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01395

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 472 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Goldenberg

Mailing Address 3213 Tidal Pool Cove

City

Lake Mary

State

FL

Zip Code

32746-0866

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01396

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Goldenberg

Mailing Address 3213 Tidal Pool Cove

City

Lake Mary

State

FL

Zip Code

32746-0866

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01397

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert C. Goldsmith

Mailing Address 209 15Th Street

City

Manhattan Beach

State

CA

Zip Code

90266-4603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01398

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 473 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Marie Golly

Mailing Address 34 Coco Plum Dr

City

Marathon

State

FL

Zip Code

33050-4013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
R.N.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01399

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Rex M. Golobic

Mailing Address 211 Puffin Ct.

City

Foster City

State

CA

Zip Code

94404-1318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Serra Bowl Inc.

Occupation  
Bowling Center Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01400

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Manuel A Gomez

Mailing Address 202 Maplewood Avenue

City

Ronceverte

State

WV

Zip Code

24970-1334

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01401

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John K. Gomillion

Mailing Address 1054 Chateau Drive

City

Helena

State

AL

Zip Code

35080-3556

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Blue Cross / Blue Shield

Occupation

Systems Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01402

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Rev. Marcos J. Gonzalez

Mailing Address 3768 Glenfeliz Blvd.

City

Los Angeles

State

CA

Zip Code

90039-1741

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Archdiocese Of Los Angeles

Occupation

Catholic Priest

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01403

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jerry B. Gooch

Mailing Address 6029 Walnut Grove Road  
Suite 401

City

Memphis

State

TN

Zip Code

38120-2112

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01404

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional) .....

620.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Myrl S. Good

Mailing Address 2707 N. Coronado Drive

City

Roswell

State

NM

Zip Code

88201-3464

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01405

Amount of Each Receipt this Period

30400.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Debra Goodman

Mailing Address 5151 S. Ohio Street

City

Yorba Linda

State

CA

Zip Code

92886-4180

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Paragon Building Products

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01406

Amount of Each Receipt this Period

360.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory L. Goodman

Mailing Address 2903 Harlinsdale Dr.

City

Rock Hill

State

SC

Zip Code

29732-0213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carolina Pad

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01407

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

31060.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 476 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Sheldon G. Goodrich

Mailing Address 27 Tuscany Court

City

Camp Hill

State

PA

Zip Code

17011-1029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01408

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Sheldon G. Goodrich

Mailing Address 27 Tuscany Court

City

Camp Hill

State

PA

Zip Code

17011-1029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01409

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Sheldon G. Goodrich

Mailing Address 27 Tuscany Court

City

Camp Hill

State

PA

Zip Code

17011-1029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01410

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 477 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas B. Goodson

Mailing Address 567 Adams Road

City

Fayetteville

State

GA

Zip Code

30214-4110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai01411

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Clarence V. Gordon

Mailing Address 8329 S. Langley Avenue

City

Chicago

State

IL

Zip Code

60619-9559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 9

Transaction ID: 2009M04L11ai01412

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Clarence V. Gordon

Mailing Address 8329 S. Langley Avenue

City

Chicago

State

IL

Zip Code

60619-9559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 9

Transaction ID: 2009M04L11ai01413

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 478 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Gordon

Mailing Address 420 Colorado Street  
 Apartment 1G

City State Zip Code  
 Manhattan KS 66502-6279

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01414

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Gordon

Mailing Address 420 Colorado Street  
 Apartment 1G

City State Zip Code  
 Manhattan KS 66502-6279

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01415

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Gordon

Mailing Address 420 Colorado Street  
 Apartment 1G

City State Zip Code  
 Manhattan KS 66502-6279

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01416

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 479 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Patricia A. Gorman

Mailing Address 220 Holly Drive

City

Chalfont

State

PA

Zip Code

18914-2031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Thomson Reuters

Occupation

Production Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01417

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bruce M. Gosser

Mailing Address 6 Bellerosa Court

City

Saint Louis

State

MO

Zip Code

63122-3358

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Gosser Group

Occupation

Health Care Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01418

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Brenda J. Gottlieb

Mailing Address 8801 Hunting Trail

City

Indianapolis

State

IN

Zip Code

46217-4616

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01419

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 480 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Ms. Sarah R. Goulard

Mailing Address P.O. Box 2119

City

Wicknburgsland

State

AZ

Zip Code

85358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	9

Transaction ID: 2009M04L11ai01420

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Gould, Jr.

Mailing Address 550 Bilper Avenue  
Apartment 6515

City

Lindenwold

State

NJ

Zip Code

08021-1870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catalent PharmaOccupation  
Q.A. Auditor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	0	9

Transaction ID: 2009M04L11ai01421

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. &amp; Mrs. Robert E. Goyne

Mailing Address 116 Brookvalley Road

City

Wilmington

State

DE

Zip Code

19807-2004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	0	9

Transaction ID: 2009M04L11ai01422

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 481 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert C. Grable

Mailing Address 201 Main Street  
Suite 2500

City State Zip Code  
**Fort Worth TX 76102-3129**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kelly, Hart & Hallman, L.-  
L.P.

Occupation  
**Attorney**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 05 2009**

**Transaction ID: 2009M04L11ai01423**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John J. Grad

Mailing Address 10282 E. Joy Ranch Rd.

City State Zip Code  
**Scottsdale AZ 85262-5107**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 05 2009**

**Transaction ID: 2009M04L11ai01424**

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Henry J. Graebner, II

Mailing Address P.O. Box 913

City State Zip Code  
**Easley SC 29641-0913**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 05 2009**

**Transaction ID: 2009M04L11ai01425**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

**900.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 482 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Henry J. Graebner, II

Mailing Address P.O. Box 913

City  
**Easley**

State  
**SC**

Zip Code  
**29641-0913**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 27 / 2009**

Transaction ID: 2009M04L11ai01426

Amount of Each Receipt this Period

**100.00**

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth N. Graham

Mailing Address 807 Asa Gray Drive  
 Apartment 202

City  
**Ann Arbor**

State  
**MI**

Zip Code  
**48105-3511**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03 / 09 / 2009**

Transaction ID: 2009M04L11ai01427

Amount of Each Receipt this Period

**500.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Wallace K. Graham

Mailing Address 14 Frost Road

City  
**Northwood**

State  
**NH**

Zip Code  
**03261-4035**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**03 / 11 / 2009**

Transaction ID: 2009M04L11ai01428

Amount of Each Receipt this Period

**500.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1100.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 483 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. William & Patricia Graham

Mailing Address P.O. Box 524

City

Franklin

State

NC

Zip Code

28744-0524

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01429

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Karren Granader-Losh

Mailing Address 305C S. Reeves Drive

City

Beverly Hills

State

CA

Zip Code

90212-4512

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Marina Dentistry

Occupation  
R.D.H.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01430

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Rodolfo G. Granados

Mailing Address 2181 Jamieson Avenue  
Unit 2009

City

Alexandria

State

VA

Zip Code

22314-5756

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01431

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

330.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 484 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frank R. Granara

Mailing Address 95 Shire Road

City

Norwell

State

MA

Zip Code

02061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
G.I.C.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01432

Amount of Each Receipt this Period

550.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frank F. Grandone

Mailing Address 43 Carriage Drive

City

Tolland

State

CT

Zip Code

06084-2908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01433

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Abigail F. Grant

Mailing Address 9230 Wister Drive

City

La Mesa

State

CA

Zip Code

91941-4138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01434

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 485 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William W. Grant

Mailing Address 545 Race Street

City

Denver

State

CO

Zip Code

80206-4122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01435

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John S. Grassi

Mailing Address 3580 Washington St.

City

San Francisco

State

CA

Zip Code

94118-1849

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01436

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William E. Graves

Mailing Address P.O. Box 950

City

Seneca

State

IL

Zip Code

61360-0950

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01437

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 486 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Joan O. Gray

Mailing Address 415 Surrey Lane

City

Bloomsburg

State

PA

Zip Code

17815-8435

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01438

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert W. Gray, Jr.

Mailing Address 415 Surrey Lane

City

Bloomsburg

State

PA

Zip Code

17815-8435

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01439

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Graybill

Mailing Address 6309 S. Hunters Run

City

Pendleton

State

IN

Zip Code

46064-8709

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01440

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard T. Green

Mailing Address 10880 S.W. Davies Road  
 Apartment 1014

City State Zip Code  
**Beaverton OR 97008-8014**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 16 2009**

Transaction ID: 2009M04L11ai01441

Amount of Each Receipt this Period

105.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas J. Green

Mailing Address 1 Dunwoody Drive

City State Zip Code  
**Carlisle PA 17015-9565**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 12 2009**

Transaction ID: 2009M04L11ai01442

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James S. Greene, III

Mailing Address 2476 W. Bayshore Road

City State Zip Code  
**Gulf Breeze FL 32563-2524**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 25 2009**

Transaction ID: 2009M04L11ai01443

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1105.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frederick A. Greenland

Mailing Address 403 Rosedale Court

City

Capitola

State

CA

Zip Code

95010-2251

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Advanced Ingredients, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01444

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Pamela & Scott Greenwood

Mailing Address 1427 Buckwood Drive

City

Orlando

State

FL

Zip Code

32806-7037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Orlando Heart Center

Occupation  
M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01445

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lynn Greer

Mailing Address 5137 Boxcroft Place

City

Nashville

State

TN

Zip Code

37205-3701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai01446

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

820.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mina Jean Greer

Mailing Address 9001 E. Eagle Feather Rd.

City

Tucson

State

AZ

Zip Code

85749-9255

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
G and G Construction Comp-  
any

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01447

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William T. Greer

Mailing Address 1401 Heritage Road

City

Dayton

State

OH

Zip Code

45459-3304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Air Force

Occupation  
Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01448

Amount of Each Receipt this Period

251.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Ellen M. Gregory

Mailing Address 379 Sorrento Knolls Drive

City

Blowing Rock

State

NC

Zip Code

28605-9472

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01449

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

701.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John O. Gregory

Mailing Address 9410 Prince William Street

City

Manassas

State

VA

Zip Code

20110-2518

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Gregory Construction

Occupation  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01450

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Marie H. Gregory

Mailing Address 2125 Highway 14 E.

City

Landrum

State

SC

Zip Code

29356-9777

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01451

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ray N. Gregory

Mailing Address P.O. Box 1577

City

Corinth

State

MS

Zip Code

38835-1577

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01452

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Ms. Connie M. Greiman

Mailing Address 755 State Street  
 Apartment 4

City State Zip Code  
 Garner IA 50438-1554

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai01453

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Claude Greiner

Mailing Address 1544 Swordbill Drive

City State Zip Code  
 Holiday FL 34690-6355

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 9

Transaction ID: 2009M04L11ai01454

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. James R. Greiner

Mailing Address 1113 Kelly Drive  
 Apartment 3

City State Zip Code  
 Winesville GA 31313-5197

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Us Army

Occupation  
 Building Inspector

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 5 / 2 0 9

Transaction ID: 2009M04L11ai01455

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David Grenader

Mailing Address 4708 Caroline Street

City

Houston

State

TX

Zip Code

77004-5025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01456

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Jane Gretter

Mailing Address 4830 Kennett Pike

City

Wilmington

State

DE

Zip Code

19807-1866

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01457

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Jane Gretter

Mailing Address 4830 Kennett Pike

City

Wilmington

State

DE

Zip Code

19807-1866

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01458

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Harry S. Gretz

Mailing Address 4732 Homestead Place

City

Matthews

State

NC

Zip Code

28104-8905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Transamerican Equipment  
Corporation

Occupation

Owner & President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01459

Amount of Each Receipt this Period

230.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert Gribben

Mailing Address 421 Sunrise Drive

City

Weirton

State

WV

Zip Code

26062-5043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01460

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David G. Griffin

Mailing Address 2808 N. Garfield Street

City

Midland

State

TX

Zip Code

79705-7408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Griffin Petroleum Company

Occupation

Petroleum Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01461

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

880.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Dean Griffin

Mailing Address 3118 Burningtree Mountain Road S.E

City State Zip Code  
 Decatur AL 35603-5333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Decatur General Hospital

Occupation  
 Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01462

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mrs. Dorothy G. Griffin

Mailing Address 8209 Phillips Road

City State Zip Code  
 Rome NY 13440-1518

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Varflex Corporation

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01463

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Elijah Shelton Griffin

Mailing Address 2306 Quail Road N.W.

City State Zip Code  
 Wilson NC 27896-1348

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Alliance One International

Occupation  
 International Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01464

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

2870.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Elijah Shelton Griffin

Mailing Address 2306 Quail Road N.W.

City

Wilson

State

NC

Zip Code

27896-1348

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alliance One International

Occupation

International Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01465

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Nancy D. Griffin

Mailing Address 16 Wesley Street

City

Monmouth Beach

State

NJ

Zip Code

07750-1149

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01466

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William R. Griffin

Mailing Address 7404 Corsair Court

City

Arlington

State

TX

Zip Code

76016-5317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lockheed Martin Mfc

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01467

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**S Griffis**

Mailing Address **2358 Mills Road**

City State Zip Code  
**Jacksonville FL 32216**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 05 / 2009**

**Transaction ID: 2009M04L11ai01468**

Amount of Each Receipt this Period

**250.00**

**B.**

Full Name (Last, First, Middle Initial)  
**Mr. Richard S. Griffith**

Mailing Address **3417 Milam St.**

City State Zip Code  
**Houston TX 77002**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1640.00**

Date of Receipt

**03 / 09 / 2009**

**Transaction ID: 2009M04L11ai01469**

Amount of Each Receipt this Period

**400.00**

**C.**

Full Name (Last, First, Middle Initial)  
**Mr. Richard S. Griffith**

Mailing Address **3417 Milam St.**

City State Zip Code  
**Houston TX 77002**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1640.00**

Date of Receipt

**03 / 31 / 2009**

**Transaction ID: 2009M04L11ai01470**

Amount of Each Receipt this Period

**240.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**890.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard S. Griffith

Mailing Address 3417 Milam St.

City

Houston

State

TX

Zip Code

77002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1640.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01471

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George B. Grim

Mailing Address 500 Centennial Drive  
Apartment 625

City

East Peoria

State

IL

Zip Code

61611-4911

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01472

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. William H. Grimes

Mailing Address 7500 N. Calle Sin Envidia  
Apartment 2201

City

Tucson

State

AZ

Zip Code

85718-7352

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01473

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Carmen Grinstead

Mailing Address P.O. Box 6059

City

**Santa Maria**

State

**CA**

Zip Code

**93456-6059**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

**Self-Employed**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 10 / 2009**

**Transaction ID: 2009M04L11ai01474**

Amount of Each Receipt this Period

**250.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Perrin Grissom

Mailing Address 502 Cypress Street

City

**Leland**

State

**MS**

Zip Code

**38756-3115**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**205.00**

Date of Receipt

**03 / 09 / 2009**

**Transaction ID: 2009M04L11ai01475**

Amount of Each Receipt this Period

**205.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard D. Grist, Jr.

Mailing Address P.O. Box 818

City

**Blakely**

State

**GA**

Zip Code

**39823-0818**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

**Self-Employed**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**360.00**

Date of Receipt

**03 / 13 / 2009**

**Transaction ID: 2009M04L11ai01476**

Amount of Each Receipt this Period

**360.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**815.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary A. Groenke

Mailing Address 526 74Th Street

City

Kenosha

State

WI

Zip Code

53143-5568

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Design Partners

Occupation

Graphic Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01477

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Grogan

Mailing Address 1747 Minden Drive

City

Holladay

State

UT

Zip Code

84121-1227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Daily's Premium Meats

Occupation

Regional Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01478

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Roy J. Grogan

Mailing Address 12 Fossil Hill Road

City

Weatherford

State

TX

Zip Code

76087-8626

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01479

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1470.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Peter P. Gromacki

Mailing Address 88 White Bridge Road

City

Middletown

State

NY

Zip Code

10940-7320

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01480

Amount of Each Receipt this Period

525.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Nathan Gross

Mailing Address 8007 Valley View Drive

City

Chesapeake Beach

State

MD

Zip Code

20732-4661

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sfa

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01481

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William V. Gross

Mailing Address 11600 Rolling Glen Way

City

Upper Marlboro

State

MD

Zip Code

20772-4293

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Xerox Corporation

Occupation

Marketing Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01482

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ewel Grossberg

Mailing Address 1 Vista Del Golfo

City

Long Beach

State

CA

Zip Code

90803-4166

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01483

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Grounds

Mailing Address 36 Pondway

City

Alton

State

IL

Zip Code

62002-3203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Horticulture

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01484

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ltc. Gilbert J. Grout, U.S.A. (Re

Mailing Address 4587 Middleton Park Circle W.

City

Jacksonville

State

FL

Zip Code

32224-6684

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01485

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

805.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Daniel Grover

Mailing Address 3021 Groves Edge Lane

City

Waxhaw

State

NC

Zip Code

28173-8291

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Ronald Blue & Co. Llc

Occupation

Financial Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01486

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Herbert Grover

Mailing Address 330 Main Street

City

Rowley

State

MA

Zip Code

01969-1511

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Paradigm Technologies, In-  
 c.

Occupation

Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01487

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey R. Grubb

Mailing Address 2068 Greenside Way

City

Birmingham

State

AL

Zip Code

35226-6278

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Georgia Power Co.

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01488

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey R. Grubb

Mailing Address 2068 Greenside Way

City

Birmingham

State

AL

Zip Code

35226-6278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Power Co.

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01489

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey R. Grubb

Mailing Address 2068 Greenside Way

City

Birmingham

State

AL

Zip Code

35226-6278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Power Co.

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01490

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey R. Grubb

Mailing Address 2068 Greenside Way

City

Birmingham

State

AL

Zip Code

35226-6278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Power Co.

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01491

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas M. Grubbs

Mailing Address 2232 Farm 1496 Road

City

Anderson

State

TX

Zip Code

77830

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01492

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Rev. Thaddeus A. Grzelak

Mailing Address 4662 Brisa Drive

City

Palmdale

State

CA

Zip Code

93551-1231

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01493

Amount of Each Receipt this Period

130.00

**C.**

Full Name (Last, First, Middle Initial)

Miss Marie-Christine Guerrin

Mailing Address 155 East 31st Street  
Apartment 9C

City

New York

State

NY

Zip Code

10016-6850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Freelance

Occupation

Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01494

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 505 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. J. Lynn Guffee

Mailing Address 5704 Overton Drive

City

Allen

State

TX

Zip Code

75002-5430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01495

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Margaret G. Guidroz

Mailing Address 16818 Amberwood Drive

City

Baton Rouge

State

LA

Zip Code

70810-6528

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01496

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Margaret G. Guidroz

Mailing Address 16818 Amberwood Drive

City

Baton Rouge

State

LA

Zip Code

70810-6528

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01497

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Rev. Rod J. Guillermo

Mailing Address P.O. Box 124631

City

San Diego

State

CA

Zip Code

92112-4631

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01498

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Rev. Rod J. Guillermo

Mailing Address P.O. Box 124631

City

San Diego

State

CA

Zip Code

92112-4631

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01499

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David C Gum, Jr.

Mailing Address 3026 Woodside Rd

City

Clearbrook

State

VA

Zip Code

22624-1346

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Fruit Product Co-  
mpany

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01500

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2820.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Heinz L. Gundlach

Mailing Address 150 Algoma Road

City

Palm Beach

State

FL

Zip Code

33480-4902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01501

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Alexander C. Gunn

Mailing Address 7460 Shenandoah Road

City

Pensacola

State

FL

Zip Code

32526-3846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01502

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Randy F. Gunter

Mailing Address 207 General Moultrie Drive

City

Bonneau

State

SC

Zip Code

29431-8503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jacobs

Occupation

Senior Piping Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01503

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Victor H. Gunther

Mailing Address 1092 Sanders Drive

City

Moraga

State

CA

Zip Code

94556-1917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01504

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Victor H. Gunther

Mailing Address 1092 Sanders Drive

City

Moraga

State

CA

Zip Code

94556-1917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01505

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Marshall L. Gurley

Mailing Address P.O. Box 90907  
Centurion Construction Co., Inc.

City

Raleigh

State

NC

Zip Code

27675-0907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Centurion Construction Co-  
mpany

Occupation  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01506

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frederick E. Guth

Mailing Address 12681 Erickon Ranch Road

City State Zip Code  
**Piedmont SD 57769-7216**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

**03 / 05 / 2009**

Transaction ID: 2009M04L11ai01507

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stanley Guthrie

Mailing Address P.O. Box 2367

City State Zip Code  
**Palmer AK 99645-2367**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Hair Stylist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**03 / 09 / 2009**

Transaction ID: 2009M04L11ai01508

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Nicasio Gutierrez

Mailing Address 3616 Windover Drive

City State Zip Code  
**Norman OK 73072-3249**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
State Of Oklahoma

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

**03 / 18 / 2009**

Transaction ID: 2009M04L11ai01509

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

**450.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Laura T. Gutman

Mailing Address 310 Watts Street

City

Durham

State

NC

Zip Code

27701-2039

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Na

Occupation  
Na

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01510

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Robert A. Gutman

Mailing Address 310 Watts Street

City

Durham

State

NC

Zip Code

27701-2039

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Durham Nephrology

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01511

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Robert A. Gutman

Mailing Address 310 Watts Street

City

Durham

State

NC

Zip Code

27701-2039

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Durham Nephrology

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01512

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Kathryn B. Guymon

Mailing Address P.O. Box 1209

City

Rancho Santa Fe

State

CA

Zip Code

92067-1209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01513

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Kathryn B. Guymon

Mailing Address P.O. Box 1209

City

Rancho Santa Fe

State

CA

Zip Code

92067-1209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01514

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Kathryn B. Guymon

Mailing Address P.O. Box 1209

City

Rancho Santa Fe

State

CA

Zip Code

92067-1209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01515

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Alan Guzowski

Mailing Address 228 S. Milwaukee St.

City

Denver

State

CO

Zip Code

80209-3216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tricon Geophysics, Inc.

Occupation  
Geophysicist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01516

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George D. Gwizd, Sr.

Mailing Address 19 Buckingham Avenue

City

Old Saybrook

State

CT

Zip Code

06475-2014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01517

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary A. Haag

Mailing Address 7171 Country Club Dr.

City

La Jolla

State

CA

Zip Code

92037-5612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01518

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David Michael Haas

Mailing Address 357 County House Lane

City State Zip Code  
**Marietta OH 45750-8017**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 20 2009**

Transaction ID: 2009M04L11ai01519

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. George K. Haas

Mailing Address 5000 S.W. 83Rd Street

City State Zip Code  
**Miami FL 33143-8510**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 30 2009**

Transaction ID: 2009M04L11ai01520

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Col. Fredrick J. Haase, U. S. A. (

Mailing Address 1821 E. Dayton Road

City State Zip Code  
**Caro MI 48723-9478**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 02 2009**

Transaction ID: 2009M04L11ai01521

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary Hackman

Mailing Address 16 Sarazen Ct.

City

Florham Park

State

NJ

Zip Code

07932-2714

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01522

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. T. Morris Hackney

Mailing Address 40 Country Club Road

City

Birmingham

State

AL

Zip Code

35213-3625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01523

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Claudine Y. Haddock

Mailing Address 3450 Bonner Drive

City

Olive Branch

State

MS

Zip Code

38654-8123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01524

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frederick D. Haffner

Mailing Address 1226 West Rockwood Drive

City State Zip Code  
**Cincinnati OH 45208-3338**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 30 2009**

Transaction ID: 2009M04L11ai01525

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard C. Hagedorn

Mailing Address 75 San Luis Obispo

City State Zip Code  
**Fort Pierce FL 34951-2816**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 09 2009**

Transaction ID: 2009M04L11ai01526

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard C. Hagedorn

Mailing Address 75 San Luis Obispo

City State Zip Code  
**Fort Pierce FL 34951-2816**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 25 2009**

Transaction ID: 2009M04L11ai01527

Amount of Each Receipt this Period

265.00

**SUBTOTAL** of Receipts This Page (optional) .....

**715.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. George O. Haggard, III

Mailing Address 725 West 2Nd North Street

City

Morristown

State

TN

Zip Code

37814-3966

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rpn Inc

Occupation

Asst Manager, Machine Shop

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01528

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George O. Haggard, III

Mailing Address 725 West 2Nd North Street

City

Morristown

State

TN

Zip Code

37814-3966

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rpn Inc

Occupation

Asst Manager, Machine Shop

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01529

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alan Haggerty

Mailing Address 2707 Berryland Drive

City

Oakton

State

VA

Zip Code

22124-1404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Government - D.O.D.

Occupation

Senior Executive Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai01530

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Shirley Honickman Hahn

Mailing Address 502 N Hillcrest Rd

City

Beverly Hills

State

CA

Zip Code

90210-3541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01531

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Martin Hait

Mailing Address 19 Morningside Drive

City

Livingston

State

NJ

Zip Code

07039-1827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Walgreens

Occupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01532

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael V. Hajjar

Mailing Address 2138 W. Falcon Point Court

City

Boise

State

ID

Zip Code

83703-4298

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01533

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 518 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Halacoglu

Mailing Address 3840 Fawn Drive

City

Rochester

State

MI

Zip Code

48306-1030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01534

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul P. Hale

Mailing Address 81B Ragged Hill Road

City

Hubbardston

State

MA

Zip Code

01452-1621

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01535

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Evetts Haley, Jr.

Mailing Address P.O. Box 2515

City

Midland

State

TX

Zip Code

79702-2515

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01536

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 519 / 1940  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Patrick E. Haley

Mailing Address 22201 Red Laurel Lane

City

Estero

State

FL

Zip Code

33928-2978

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01537

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Logan Halferty

Mailing Address 1450 E. Harmon Avenue  
Apartment 115C

City

Las Vegas

State

NV

Zip Code

89119-5946

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Casino Royale & Hotel

Occupation  
Hotel Houseman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01538

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gary M. Hall

Mailing Address 27 Powderhorn Drive

City

Wayne

State

NJ

Zip Code

07470-4227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01539

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary M. Hall

Mailing Address 27 Powderhorn Drive

City

Wayne

State

NJ

Zip Code

07470-4227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01540

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gary M. Hall

Mailing Address 27 Powderhorn Drive

City

Wayne

State

NJ

Zip Code

07470-4227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01541

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James B. Hall

Mailing Address 1114 Belgrave Place

City

Charlotte

State

NC

Zip Code

28203-5243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carolinas Medical Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01542

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 521 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James N. Hall

Mailing Address P.O. Box 3065

City

Cookeville

State

TN

Zip Code

38502-3065

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01543

Amount of Each Receipt this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joe Bennett Hall

Mailing Address P.O. Box 445

City

Anahuac

State

TX

Zip Code

77514-0445

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01544

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Ollabelle Hall

Mailing Address 3603 Meadow Lake Lane

City

Houston

State

TX

Zip Code

77027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Na

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01545

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

4250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Ollabelle Hall

Mailing Address 3603 Meadow Lake Lane

City

Houston

State

TX

Zip Code

77027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Na

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01546

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard W. Hall

Mailing Address 4525 Duffer Loop

City

Sebring

State

FL

Zip Code

33872-3860

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01547

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Debora Hallford

Mailing Address 2793 East Weaver Avenue

City

Centennial

State

CO

Zip Code

80121-2952

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Schlumberger

Occupation  
Sr. Presr. Transient Geoscient

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01548

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 523 / 1940  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Clifton Roy Halliday, Jr.

Mailing Address 3410 S. Townline Rd

City

Prudenville

State

MI

Zip Code

48651-9794

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01549

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Rev. Msgr. Albert W. Hallin

Mailing Address 416 County Road 1100 N.  
Church Of St. Boniface

City

Seymour

State

IL

Zip Code

61875-9748

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Catholic Diocese Of Peoria

Occupation  
Roman Catholic Priest

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01550

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Harvey Richard Hallman

Mailing Address 1500 Country Club Drive

City

High Point

State

NC

Zip Code

27262-4558

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Electronic Dat Magnetic's  
Inc.

Occupation  
President/Geo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01551

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 524 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Halmi

Mailing Address 1325 Avenue Of The Americas

City

New York

State

NY

Zip Code

10019-6026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01552

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Halmi

Mailing Address 1325 Avenue Of The Americas

City

New York

State

NY

Zip Code

10019-6026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01553

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Marty Halper

Mailing Address 7 Terrace Cir Apt 2A

City

Great Neck

State

NY

Zip Code

11021-4125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01554

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 525 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Halverstadt

Mailing Address 3161 Meadow Ridge

City

Redding

State

CT

Zip Code

06896-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai01555

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald O. Hamburger

Mailing Address 2824 Benson Way

City

Belmont

State

CA

Zip Code

94002-2939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Simpson Gumpel & Heger

Occupation  
Structural Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01556

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Hamilton

Mailing Address 18262 N. 1750 E. Road

City

Pontiac

State

IL

Zip Code

61764-2934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parno Realty

Occupation  
Real Estate Appraiser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01557

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

340.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Hamilton

Mailing Address 18262 N. 1750 E. Road

City

Pontiac

State

IL

Zip Code

61764-2934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Parno Realty

Occupation

Real Estate Appraiser

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01558

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Virginia Hamister

Mailing Address 24212 Lake Road

City

Bay Village

State

OH

Zip Code

44140-2955

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01559

Amount of Each Receipt this Period

330.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John H. Hammergren

Mailing Address 10 Winding Lane

City

Orinda

State

CA

Zip Code

94563-1000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
McKesson Corporation

Occupation

C.E.O.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01560

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

605.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Leslie B. Hammond

Mailing Address 121 Treehaven Street

City

Gaithersburg

State

MD

Zip Code

20878-5748

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Deloitte & Touche

Occupation

Financial Analyst/C.P.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.09

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01561

Amount of Each Receipt this Period

2.09

**B.**

Full Name (Last, First, Middle Initial)

Mr. Patrick R. Handy

Mailing Address 653 Moondale Drive

City

El Paso

State

TX

Zip Code

79912-4237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01562

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas E. Hanes

Mailing Address 5223 Heathrow Hills Drive

City

Brentwood

State

TN

Zip Code

37027-6548

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Associated Pathologist,  
P.L.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01563

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

752.09

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas E. Hanes

Mailing Address 5223 Heathrow Hills Drive

City

Brentwood

State

TN

Zip Code

37027-6548

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Associated Pathologist,  
P.L.C.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01564

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Greta S. Hanisch

Mailing Address 600 W. 246Th Street  
Apartment 1107

City

Bronx

State

NY

Zip Code

10471-3624

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01565

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Hanley

Mailing Address 5630 Central College Rd.

City

Westerville

State

OH

Zip Code

43081-9573

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Self Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01566

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert J Hannum, III

Mailing Address 3450 Palencia Dr.  
 #1004

City State Zip Code  
**Tampa FL 33618-1850**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 0 6 / 2 0 0 9**

Transaction ID: 2009M04L11ai01567

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Julian Hansakul

Mailing Address 37 Parker Blvd.

City State Zip Code  
**Monsey NY 10952-1438**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N.Y.C. Dept. Of Small Bus-  
iness Svcs.

Occupation  
Cost Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 1 0 / 2 0 0 9**

Transaction ID: 2009M04L11ai01568

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Hugh C Hansen

Mailing Address 140 W. 62 Street

City State Zip Code  
**New York NY 10023-7407**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fordham University

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 0 6 / 2 0 0 9**

Transaction ID: 2009M04L11ai01569

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Shawn F. Hansen

Mailing Address 1018 Grand Oak Lane

City

Virginia Beach

State

VA

Zip Code

23455-7213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United States Navy

Occupation

U.S. Military

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01570

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stewart G. Hansen

Mailing Address 3010 Sylvania Drive

City

West Des Moines

State

IA

Zip Code

50266-2149

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01571

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Virgil Dale Hanson

Mailing Address 4306 Custer Avenue

City

Flint

State

MI

Zip Code

48507-2781

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01572

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

440.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Virgil Dale Hanson

Mailing Address 4306 Custer Avenue

City

Flint

State

MI

Zip Code

48507-2781

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01573

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert T. Hardeman

Mailing Address 903 Robert E. Lee Drive

City

Greenwood

State

MS

Zip Code

38930-2434

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01574

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John A. Hardick

Mailing Address 6025 N. Rockwell Street

City

Chicago

State

IL

Zip Code

60659-4006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01575

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Carolyn J. Hardin

Mailing Address P.O. Box 702

City

Hendersonville

State

NC

Zip Code

28793-0702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hardin Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai01576

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joe S Hardin, Jr.

Mailing Address 820 Picacho Lane

City

Santa Barbara

State

CA

Zip Code

93108-1229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 9

Transaction ID: 2009M04L11ai01577

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John C. Hardin, Jr.

Mailing Address 410 Briarwood Drive

City

Shreveport

State

LA

Zip Code

71106-1804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
L.S.U. Medical School

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 9

Transaction ID: 2009M04L11ai01578

Amount of Each Receipt this Period

810.00

**SUBTOTAL** of Receipts This Page (optional) .....

1560.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ken Hardin

Mailing Address P. O. Box 4310

City

Horseshoe Bay

State

TX

Zip Code

78657-4310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01579

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Marilyn J. Hardin

Mailing Address 128 Crisco Road

City

Florence

State

MS

Zip Code

39073-7636

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01580

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence Hardwicke

Mailing Address 1625 Westwood Drive

City

Abilene

State

TX

Zip Code

79603-4253

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01581

Amount of Each Receipt this Period

3.00

**SUBTOTAL** of Receipts This Page (optional) .....

553.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence Hardwicke

Mailing Address 1625 Westwood Drive

City

Abilene

State

TX

Zip Code

79603-4253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01582

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence Hardwicke

Mailing Address 1625 Westwood Drive

City

Abilene

State

TX

Zip Code

79603-4253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01583

Amount of Each Receipt this Period

3.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Glenn Hargrove

Mailing Address 5006 Willow Point

City

Parker

State

TX

Zip Code

75002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01584

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

508.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Sharon Hargrove

Mailing Address 5006 Willow Point

City State Zip Code  
Parker TX 75002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01585

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Harlin

Mailing Address 1247 Hillview Lane

City State Zip Code  
Franklin TN 37064-7431

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01586

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth L. Harlow

Mailing Address 1117 Belvedere Street

City State Zip Code  
Cincinnati OH 45202-1701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01587

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth L. Harlow

Mailing Address 1117 Belvedere Street

City

Cincinnati

State

OH

Zip Code

45202-1701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01588

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth L. Harlow

Mailing Address 1117 Belvedere Street

City

Cincinnati

State

OH

Zip Code

45202-1701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01589

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth L. Harlow

Mailing Address 1117 Belvedere Street

City

Cincinnati

State

OH

Zip Code

45202-1701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01590

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth L. Harlow

Mailing Address 1117 Belvedere Street

City

Cincinnati

State

OH

Zip Code

45202-1701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01591

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. C. Ray Harmon

Mailing Address 11418 County Road

City

Nickerson

State

NE

Zip Code

68044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai01592

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Christopher Harmon

Mailing Address 36409 Moser Road

City

Winchester

State

CA

Zip Code

92596-8639

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Creative Labs

Occupation  
Field Marketing Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01593

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

530.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey C. Harms

Mailing Address 1804 Avalon Ct.

City

Raleigh

State

NC

Zip Code

27612-2342

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alcatel-Lucent

Occupation

Digital Designer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01594

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Floyd Harnagel

Mailing Address 428 S. Durbin Street  
Casper Pay-Less Drug Company

City

Casper

State

WY

Zip Code

82601-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01595

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Glenn M. Harned

Mailing Address 11644 Crest Maple Drive

City

Woodbridge

State

VA

Zip Code

22192-6640

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Booz Allen Hamilton

Occupation

Defense Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01596

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Harper

Mailing Address P.O. Box 621

City

Saint Albans

State

MO

Zip Code

63073-0621

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01597

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Frances Dorchester Harrell

Mailing Address P.O. Box 2768

City

Pensacola

State

FL

Zip Code

32513-4945

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01598

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James D. Harrell, III

Mailing Address P.O. Box 22676

City

Jackson

State

MS

Zip Code

39225-2676

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01599

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James D. Harrell, III

Mailing Address P.O. Box 22676

City

**Jackson**

State

**MS**

Zip Code

**39225-2676**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**03 / 23 / 2009**

**Transaction ID: 2009M04L11ai01600**

Amount of Each Receipt this Period

**100.00**

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Bobbye F. Harris

Mailing Address 135 Windsor Drive

City

**Calhoun**

State

**GA**

Zip Code

**30701-2055**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**900.00**

Date of Receipt

**03 / 05 / 2009**

**Transaction ID: 2009M04L11ai01601**

Amount of Each Receipt this Period

**900.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Harris, Jr.

Mailing Address 5405 Joni Circle

City

**Pinson**

State

**AL**

Zip Code

**35126-3625**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Government

Occupation  
Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**03 / 24 / 2009**

**Transaction ID: 2009M04L11ai01602**

Amount of Each Receipt this Period

**300.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1300.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth Harris

Mailing Address P.O. Box 705

City  
Olney

State  
IL

Zip Code  
62450-0705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai01603

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Leslie Harris

Mailing Address 44700 Sage Road  
 #H

City  
Aguanga

State  
CA

Zip Code  
92536-9749

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 19 / 2009

Transaction ID: 2009M04L11ai01604

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Keith Harris, Sr.

Mailing Address 4330 Duck Down

City

Winter Haven

State

FL

Zip Code

33884

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Bernie Little Dist., Inc.

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai01605

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 William & Adelaide Harris

Mailing Address PO Box 629

City State Zip Code  
 Salisbury CT 06068-0629

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01606

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Charles R. Harrison

Mailing Address 1825 Lawrence Street  
 Suite 444

City State Zip Code  
 Denver CO 80202-1817

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01607

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. M. G. Harrison

Mailing Address P. O. Box 4144

City State Zip Code  
 Ventura CA 93007-0144

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
E. J. Harrison & Son's,  
Inc.

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01608

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Olive Harrison

Mailing Address 1801 20Th Street  
 Apartment B25

City State Zip Code  
 Ames IA 50010-5161

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unemployed

Occupation  
Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2005.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01609

Amount of Each Receipt this Period

1005.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul L. Harry

Mailing Address 12 Three Mile Harbor Drive

City State Zip Code  
 East Hampton NY 11937-3347

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01610

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gurnee F. Hart

Mailing Address 133 E. 64Th Street

City State Zip Code  
 New York NY 10065-7045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01611

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1455.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Athena Hart-Kolle

Mailing Address **Balentine Rd. Holdings**  
**135 East Main Street**

City State Zip Code  
**Caledonia MN 55921**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hart Interior Design

Occupation  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 31 2009**

Transaction ID: 2009M04L11ai01612

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bill Harting

Mailing Address **101 Taylor Road**

City State Zip Code  
**Estill Springs TN 37330-3831**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 30 2009**

Transaction ID: 2009M04L11ai01613

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James A. Hartman

Mailing Address **4916 Jule Drive**

City State Zip Code  
**Panora IA 50216-8620**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 16 2009**

Transaction ID: 2009M04L11ai01614

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Vincent W. Hartnett

Mailing Address 2652 Horseshoe Trail

City

Chester Springs

State

PA

Zip Code

19425-3000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01615

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William H Hartt, III

Mailing Address 20914 Morada Court

City

Boca Raton

State

FL

Zip Code

33433-1715

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01616

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Everett Hartwel, Jr.

Mailing Address 17 Sylvester Court

City

Norwalk

State

CT

Zip Code

06855-2613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Purdue Pharma

Occupation

Clerk Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01617

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

5150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Everett Hartwel, Jr.

Mailing Address 17 Sylvester Court

City

Norwalk

State

CT

Zip Code

06855-2613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Purdue Pharma

Occupation

Clerk Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01618

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Dorothy E. Hartzler

Mailing Address 2118 W. 116Th Street

City

Leawood

State

KS

Zip Code

66211-2953

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01619

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Geoffrey O. Hartzler

Mailing Address 2118 W. 116Th Street

City

Leawood

State

KS

Zip Code

66211-2953

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01620

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Harriet B. Harvey

Mailing Address 6011 Breakpoint Trail

City

Dallas

State

TX

Zip Code

75252-2369

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai01621

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Will Harvey

Mailing Address 7421 Le Conte Drive

City

El Paso

State

TX

Zip Code

79912-7129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Harvey Development Compan-  
y, Inc.

Occupation  
C. E. O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai01622

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William Harvey

Mailing Address 11310 Waller Rd. W.

City

Theodore

State

AL

Zip Code

36582-8197

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 9

Transaction ID: 2009M04L11ai01623

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

John & Erin Hasbrook

Mailing Address 5111 Putah Creek Road

City

Winters

State

CA

Zip Code

95694-9629

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01624

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bruce Hasch

Mailing Address 1029 S. Butternut Circle

City

Frankfort

State

IL

Zip Code

60423-2110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01625

Amount of Each Receipt this Period

251.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert S. Hathorne

Mailing Address 10295 E. Rising Sun Drive

City

Scottsdale

State

AZ

Zip Code

85262-3072

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai01626

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1001.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Todd A. Hatoff

Mailing Address 3800 Lake Shore Dr. 12A

City  
**Chicago**

State  
**IL**

Zip Code  
**60613-3411**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allen Brothers

Occupation  
 Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03 / 23 / 2009**

Transaction ID: 2009M04L11ai01627

Amount of Each Receipt this Period

**500.00**

**B.**

Full Name (Last, First, Middle Initial)

Dr. John I. Hatridge

Mailing Address 2708 Mountain Laurel Lane

City  
**Austin**

State  
**TX**

Zip Code  
**78703-1143**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 30 / 2009**

Transaction ID: 2009M04L11ai01628

Amount of Each Receipt this Period

**250.00**

**C.**

Full Name (Last, First, Middle Initial)

John R Haugen

Mailing Address 2303 RR 620 So.  
 Ste. 135-303

City  
**Austin**

State  
**TX**

Zip Code  
**78734**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 On-Time Transcription Co.,  
 Inc

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03 / 23 / 2009**

Transaction ID: 2009M04L11ai01629

Amount of Each Receipt this Period

**500.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1250.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert L. Hawkins, Jr.

Mailing Address 4208B Willowlake Court

City

Jefferson City

State

MO

Zip Code

65109-4532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 9

Transaction ID: 2009M04L11ai01630

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert L. Hawkins, Jr.

Mailing Address 4208B Willowlake Court

City

Jefferson City

State

MO

Zip Code

65109-4532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 9

Transaction ID: 2009M04L11ai01631

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Chester G. Hawley

Mailing Address 2690 Edington Road

City

Columbus

State

OH

Zip Code

43221-2503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 9

Transaction ID: 2009M04L11ai01632

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Diana Hawthorne

Mailing Address 1616 Glenbrook Court

City

Columbia

State

MO

Zip Code

65203-5345

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University Of Missouri

Occupation

Professor Of Radiology

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01633

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. John & Shirley Hayde

Mailing Address 1101 Sunset Shores Lane

City

Climax Springs

State

MO

Zip Code

65324-3926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
J2 Printing

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01634

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard Haydinger

Mailing Address 78 E. Main Street

City

Marlton

State

NJ

Zip Code

08053-2142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01635

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bryan Hayes

Mailing Address 1820 Holly Hill Drive

City

Durham

State

NC

Zip Code

27713-6061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Duke University Health Sy-  
stem

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01636

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. H. Michael Hayes

Mailing Address 10170 Xavier Court

City

Westminster

State

CO

Zip Code

80031-2340

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01637

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Norris Hayes

Mailing Address 23822 Legendary Lane Dr.

City

Katy

State

TX

Zip Code

77494-0148

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01638

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Thomas B. Hayward

Mailing Address 1223 Spring Street  
 Apartment 901

City State Zip Code  
 Seattle WA 98104-3576

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Voyager Expanded Learning

Occupation  
 Executive Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01639

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Terry G. Hazard

Mailing Address 5484 Coral Reef Avenue

City State Zip Code  
 La Jolla CA 92037-7026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01640

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Thomas N. Hazen

Mailing Address 17 College View Heights

City State Zip Code  
 South Hadley MA 01075-1607

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Hazen Paper Company, Inc.

Occupation  
 Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01641

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Rosemary M. Heard

Mailing Address 1746 Potwin Dr.

City State Zip Code  
**Baton Rouge LA 70810**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Csrs

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 26 2009**

Transaction ID: 2009M04L11ai01642

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Rosemary M. Heard

Mailing Address 1746 Potwin Dr.

City State Zip Code  
**Baton Rouge LA 70810**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Csrs

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 27 2009**

Transaction ID: 2009M04L11ai01643

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Rev. John W. Hearty, Jr.

Mailing Address P.O. Box 92

City State Zip Code  
**Lucedale MS 39452-4742**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 09 2009**

Transaction ID: 2009M04L11ai01644

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

1540.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 555 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Harold C. Heath

Mailing Address 1 Heath Lane  
 P.O. Box 185

City State Zip Code  
 Butler GA 31006-0185

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01645

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Carl A. Hechmer, Jr.

Mailing Address 735 Oak Springs Road

City State Zip Code  
 Bryn Mawr PA 19010-1735

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Requested

Occupation  
 Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01646

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. David T. Hedrick

Mailing Address 12950 Brady Road

City State Zip Code  
 Jacksonville FL 32223-2508

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 National Audit Services

Occupation  
 Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01647

Amount of Each Receipt this Period

202.00

**SUBTOTAL** of Receipts This Page (optional) .....

502.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 556 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Roger D. Heedum

Mailing Address 5010 S. 118Th Street  
Suite 240

City State Zip Code  
**Omaha NE 68137-2208**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 2 4 / 2 0 0 9**

Transaction ID: 2009M04L11ai01648

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Margaret B. Heers

Mailing Address 1290 N. Applegate Avenue

City State Zip Code  
**Fresno CA 93727-9770**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 1 2 / 2 0 0 9**

Transaction ID: 2009M04L11ai01649

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bill Hehr

Mailing Address P.O. Box 4061  
2007 Warwood Ave.

City State Zip Code  
**Wheeling WV 26003**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 2 0 / 2 0 0 9**

Transaction ID: 2009M04L11ai01650

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1500.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 557 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles Heide

Mailing Address 5825 6Th Place

City

Kenosha

State

WI

Zip Code

53144-7216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01651

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark L. Heinold

Mailing Address 333 River Street  
Apartment 1143

City

Hoboken

State

NJ

Zip Code

07030-5873

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Verizon

Occupation

Executive Director-Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01652

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark L. Heinold

Mailing Address 333 River Street  
Apartment 1143

City

Hoboken

State

NJ

Zip Code

07030-5873

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Verizon

Occupation

Executive Director-Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01653

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 558 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stephen Heitzman

Mailing Address 29322 Champions Drive

City

Magnolia

State

TX

Zip Code

77355-5631

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01654

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Wilbur & Doris Heitzman

Mailing Address 75 Geronimo Drive

City

Sedona

State

AZ

Zip Code

86336

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01655

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Rev. Mark Philip Helge

Mailing Address 3370 Montlake Drive

City

Rockford

State

IL

Zip Code

61114-5519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01656

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 559 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Christine Helin

Mailing Address 3252 N. Cottontail Cir.

City

Tucson

State

AZ

Zip Code

85749-9401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lovitt & Touche

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01657

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Brenda Heller

Mailing Address 974 Heron Circle

City

Seal Beach

State

CA

Zip Code

90740-5616

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01658

Amount of Each Receipt this Period

230.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Gracia Heller

Mailing Address 63 Bogota St.

City

Staten Island

State

NY

Zip Code

10314-6225

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Myron Heller Agency

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01659

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

730.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 560 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ronald & Cindy A. Hellstern

Mailing Address 10827 Crooked Creek Drive  
Suite 250

City State Zip Code  
Dallas TX 75229-4303

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Physician Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai01660

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Elaine S. Henderson

Mailing Address 10 Sterling Place

City State Zip Code  
Rancho Mirage CA 92270-1907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hasa Inc

Occupation  
Cfo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: 2009M04L11ai01661

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Kathleen Henderson

Mailing Address 432 Patterson Drive

City State Zip Code  
Monrovia CA 91016-1623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai01662

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 561 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Roberta M. Henderson

Mailing Address 4316 Glenview Avenue

City

Glenview

State

KY

Zip Code

40025-7509

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01663

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Emmaline P. Henn

Mailing Address 6 Meadow Court

City

Huntington

State

IN

Zip Code

46750-4406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01664

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Maurice Henry

Mailing Address 4736 E. Latoka Court

City

Springfield

State

MO

Zip Code

65809-3152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A.W.G.

Occupation  
Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai01665

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

2470.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 562 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Meredith E. Henry

Mailing Address 1372 Parkview Estates Drive

City

Ellisville

State

MO

Zip Code

63021-4643

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01666

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard T. Henshaw, III

Mailing Address P.O. Box 189

City

Waccabuc

State

NY

Zip Code

10597-0189

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01667

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth P. Hensley

Mailing Address 15 Upper Hillcrest Avenue

City

Albany

State

NY

Zip Code

12203-3369

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01668

Amount of Each Receipt this Period

505.00

**SUBTOTAL** of Receipts This Page (optional) .....

1205.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 563 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Connie S. Herbert

Mailing Address 25550 N. Tuscarora Court

City

Lake Barrington

State

IL

Zip Code

60010-1140

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01669

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Don Herington

Mailing Address 5209 Freedom Court

City

Fairfield

State

CA

Zip Code

94533-9744

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01670

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Inocenle R. Hernandez

Mailing Address 5557 S.W. 91 Avenue

City

Miami

State

FL

Zip Code

33165-2814

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
P. & H. Structural

Occupation

Construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01671

Amount of Each Receipt this Period

105.00

**SUBTOTAL** of Receipts This Page (optional) .....

805.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 564 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Luis E. Hernandez

Mailing Address 9455 S.W. 44Th Street

City

Miami

State

FL

Zip Code

33165-5827

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01672

Amount of Each Receipt this Period

101.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Erika Herndon

Mailing Address 2501 Keating Lane

City

Austin

State

TX

Zip Code

78703-2317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self- Small Business Owner

Occupation  
Stationery Manufacturer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01673

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Chet Herren

Mailing Address H.C. 63 Box 53-1

City

Pawhuska

State

OK

Zip Code

74056

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01674

Amount of Each Receipt this Period

505.00

**SUBTOTAL** of Receipts This Page (optional) .....

706.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 565 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Sylvia Herren

Mailing Address H.C. 63 Box 53-1

City

Pawhuska

State

OK

Zip Code

74056

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cahory Construction, Inc.

Occupation  
Co-Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01675

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Gayle S Herrington

Mailing Address P.O. Box 10507

City

Brooksville

State

FL

Zip Code

34603-0507

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Granite Services, Inc.

Occupation  
Director, Technical Recruiting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01676

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. & Mrs. David M. Hess

Mailing Address 1705 Aubusson Court

City

Bakersfield

State

CA

Zip Code

93311-1537

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01677

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 566 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. George L. Hesse

Mailing Address 2325 Tracy Place N.W.

City

Washington

State

DC

Zip Code

20008-1640

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Manor Management Corporat-  
ion

Occupation

Real Estate Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01678

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George L. Hesse

Mailing Address 2325 Tracy Place N.W.

City

Washington

State

DC

Zip Code

20008-1640

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Manor Management Corporat-  
ion

Occupation

Real Estate Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai01679

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Phil Hessel

Mailing Address 4601 N.W. 119Th Street

City

Oklahoma City

State

OK

Zip Code

73162-1953

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Whitton Supply

Occupation

Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01680

Amount of Each Receipt this Period

476.00

**SUBTOTAL** of Receipts This Page (optional) .....

876.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 567 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James N. Heston

Mailing Address 41 Franklin School Way

City

Metuchen

State

NJ

Zip Code

08840-1859

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Metlife

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01681

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Kenneth L. Heydt

Mailing Address P.O. Box 214  
113 N. Columbus Avenue

City

Waltham

State

MN

Zip Code

55982-0214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01682

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ruth Hiatt

Mailing Address 610 W. Main Street

City

Danville

State

IN

Zip Code

46122-1018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01683

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

2725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 568 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Carlton Hibbard

Mailing Address 971 Bellaire Lane

City

Rockledge

State

FL

Zip Code

32955

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Brevard County Commission-  
ers

Occupation

Lead Vehicle Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01684

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gary Hickerson

Mailing Address 212 Haller Avenue

City

East Alton

State

IL

Zip Code

62024-1509

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Citigroup

Occupation

Sales Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01685

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gary Hickerson

Mailing Address 212 Haller Avenue

City

East Alton

State

IL

Zip Code

62024-1509

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Citigroup

Occupation

Sales Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01686

Amount of Each Receipt this Period

243.80

**SUBTOTAL** of Receipts This Page (optional) .....

1353.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 569 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Bonnie Hickman

Mailing Address 711 E. 200 S.

City

Spanish Fork

State

UT

Zip Code

84660-2241

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai01687

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Bonnie Hickman

Mailing Address 711 E. 200 S.

City

Spanish Fork

State

UT

Zip Code

84660-2241

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01688

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Francis G. Hickman

Mailing Address 4129 S. Paiute Way

City

Sierra Vista

State

AZ

Zip Code

85650-8432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01689

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

570.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 570 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Andrew D. Hicks

Mailing Address 118 Heritage Cir

City

Panama City Beach

State

FL

Zip Code

32407-2702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Surgical Systems

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01690

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lewis W. Hicks, III

Mailing Address 40 Dune Drive

City

Chatham

State

MA

Zip Code

02633-2519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01691

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Teena Hicks

Mailing Address 210 Park Avenue  
Suite 220

City

Oklahoma City

State

OK

Zip Code

73102-5602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Teena Hicks Company

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01692

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 571 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. W. Glen Hicks

Mailing Address 809 Kennon Street

City

Minden

State

LA

Zip Code

71055-2311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01693

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. W. Glen Hicks

Mailing Address 809 Kennon Street

City

Minden

State

LA

Zip Code

71055-2311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01694

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Pete Hidalgo, II

Mailing Address 4 High Ridge

City

Santa Fe

State

NM

Zip Code

87506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Piedra Capital, Ltd.

Occupation  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01695

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 572 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jack Higdon

Mailing Address 3851 Fair Oaks Boulevard

City

Sacramento

State

CA

Zip Code

95864-7215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
California Moving Systems

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01696

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Joyce B. Hildebrand

Mailing Address 7855 Lilly Chapel Georgesville Roa

City

London

State

OH

Zip Code

43140-9461

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01697

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul Hildebrand

Mailing Address P.O. Box 371

City

Milan

State

IN

Zip Code

47031-0371

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01698

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

670.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 573 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James E. Hill, Sr.

Mailing Address P.O. Box 50

City

Palmerton

State

PA

Zip Code

18071-0050

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai01699

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James E. Hill, Sr.

Mailing Address P.O. Box 50

City

Palmerton

State

PA

Zip Code

18071-0050

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01700

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jerry Hill

Mailing Address P.O. Box 1125

City

Crosby

State

TX

Zip Code

77532-1125

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01701

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 574 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John G. Hill

Mailing Address 7302 Via Granja

City

San Jose

State

CA

Zip Code

95135-1348

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01702

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Josephine A. Hill

Mailing Address 1416 W. James Way

City

Anaheim

State

CA

Zip Code

92801-4711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01703

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Luther L. Hill, Jr.

Mailing Address 1209 Bell Avenue

City

Des Moines

State

IA

Zip Code

50315-1018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nyemaster Law Firm

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01704

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 575 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Sarah B. Hill

Mailing Address 2929 Buffalo Speedway  
Unit 1308

City State Zip Code  
Houston TX 77098-1713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01705

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Tracy Hill

Mailing Address 149 Adare Drive

City State Zip Code  
Cary IL 60013-1695

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kimball Hill Management  
Co.

Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01706

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. W. Christian Hill

Mailing Address 4528 Sea Cliff Court

City State Zip Code  
Seaside CA 93955-6546

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sentry Alarm Systems

Occupation  
Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01707

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

860.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 576 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Wayne J. Hilmer

Mailing Address 1551 Via Tuscany

City

Winter Park

State

FL

Zip Code

32789-2657

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01708

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Arthur R. Hilsinger

Mailing Address 8 Jackson Pond Road

City

Dedham

State

MA

Zip Code

02026-5524

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01709

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James A. Hilton

Mailing Address 99 Peaceful Way

City

Tiverton

State

RI

Zip Code

02878-4015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Smith Barney

Occupation  
Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01710

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 577 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. William C. Himstreet

Mailing Address 15241 N.E. 20Th Street  
Apartment 233

City State Zip Code  
Bellevue WA 98007-3813

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01711

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William C. Himstreet

Mailing Address 15241 N.E. 20Th Street  
Apartment 233

City State Zip Code  
Bellevue WA 98007-3813

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01712

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steven Hines

Mailing Address 137 Plantation Cir S

City State Zip Code  
Ponte Vedra Beach FL 32082-3971

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01713

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 578 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Olav Christian Hinke

Mailing Address 5400 Snapper Creek Road

City

Coral Gables

State

FL

Zip Code

33156-3446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Interamericana Transport  
Industries, I

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01714

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jill Maureen Hinkey

Mailing Address P.O. Box 2119

City

Loomis

State

CA

Zip Code

95650

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Countryside Home Loans

Occupation  
Home Loan Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01715

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edmond R. Hinkle

Mailing Address 266 Crystal Springs Road

City

Blountville

State

TN

Zip Code

37617-6665

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01716

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 579 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Edmond R. Hinkle

Mailing Address 266 Crystal Springs Road

City State Zip Code  
 Blountville TN 37617-6665

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01717

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Robert E. Hinkley

Mailing Address 1554 Shoecraft Road

City State Zip Code  
 Penfield NY 14526-9707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Unemployed

Occupation  
 Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01718

Amount of Each Receipt this Period

105.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Robert E. Hinkley

Mailing Address 1554 Shoecraft Road

City State Zip Code  
 Penfield NY 14526-9707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Unemployed

Occupation  
 Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01719

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 580 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William L. Hinson, Sr.

Mailing Address 270 Rabon Road

City

Columbia

State

SC

Zip Code

29223-5821

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01720

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey A. Hirsch

Mailing Address 10516 Lindbrook Drive

City

Los Angeles

State

CA

Zip Code

90024-3326

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01721

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Brad Hirst

Mailing Address P.O. Box 1210

City

Noblesville

State

IN

Zip Code

46061-1210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01722

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 581 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Vance E. Hitch

Mailing Address 1114 Old Cedar Road

City

McLean

State

VA

Zip Code

22102-2437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Andersen Consulting

Occupation

System Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01723

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Cox Hite

Mailing Address 335 Green Spring Court

City

Hampton

State

VA

Zip Code

23669-1727

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01724

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Judith S. Hjartarson

Mailing Address 8812 E. Sonoran Way

City

Gold Canyon

State

AZ

Zip Code

85218-7131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01725

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 582 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Thanh Thuy Ho

Mailing Address 27 Westport

City

Irvine

State

CA

Zip Code

92620-2656

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Adt Security Services

Occupation  
Sales Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01726

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael Hoch

Mailing Address 5300 Hamilton Avenue  
Apartment 1706

City

Cincinnati

State

OH

Zip Code

45224-3165

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01727

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Hocker

Mailing Address 6112 Goldtree Way

City

Bethesda

State

MD

Zip Code

20817-5839

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01728

Amount of Each Receipt this Period

201.00

**SUBTOTAL** of Receipts This Page (optional) .....

3001.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 583 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas James Hockycko

Mailing Address 313 Saint Andrews Circle

City

Lynchburg

State

VA

Zip Code

24503-3700

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Seven Hills Construction

Occupation  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01729

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Luther Hodges

Mailing Address 20114 Scott

City

Chapel Hill

State

NC

Zip Code

27517-8558

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01730

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lee Hoefert

Mailing Address 2164 Marion Drive

City

Las Vegas

State

NV

Zip Code

89115-5515

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01731

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 584 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lee Hoefert

Mailing Address 2164 Marion Drive

City

Las Vegas

State

NV

Zip Code

89115-5515

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01732

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frank J. Hoenemeyer

Mailing Address 1865 Bay Road  
Apartment 110

City

Vero Beach

State

FL

Zip Code

32963-3075

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01733

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Fred Hoffman

Mailing Address 2950 Gleneagles Pointe

City

Alpharetta

State

GA

Zip Code

30005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kilpatrick Stockton LLP

Occupation  
Chief Human Resources Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01734

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 585 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frederic H. Hoffman

Mailing Address 2 Dogwood Circle

City

Myerstown

State

PA

Zip Code

17067-1700

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A. & H. Fuel

Occupation

Corporate Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01735

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frederic H. Hoffman

Mailing Address 2 Dogwood Circle

City

Myerstown

State

PA

Zip Code

17067-1700

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A. & H. Fuel

Occupation

Corporate Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01736

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Greg Hoffmann

Mailing Address 14390 S Avenue 2 3/4 E

City

Yuma

State

AZ

Zip Code

85365-9212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01737

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 586 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles H. Hofgaarden

Mailing Address 891 Flintridge Avenue

City

La Canada Flintrid

State

CA

Zip Code

91011-4064

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01738

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lynn M. Hofland

Mailing Address 1043 Bradford Drive

City

Sunnyvale

State

CA

Zip Code

94089-1553

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A.S.R.C. Aerospace

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01739

Amount of Each Receipt this Period

70.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lynn M. Hofland

Mailing Address 1043 Bradford Drive

City

Sunnyvale

State

CA

Zip Code

94089-1553

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A.S.R.C. Aerospace

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01740

Amount of Each Receipt this Period

27.00

**SUBTOTAL** of Receipts This Page (optional) .....

347.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 587 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth Hohenberger

Mailing Address 1100 Adams Street  
Unit 101

City State Zip Code  
**Ames IA 50010-4124**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

Transaction ID: 2009M04L11ai01741

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Abraham S. Hoin

Mailing Address 209 S. Washington St

City State Zip Code  
**Spokane WV 99201**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 2 4 / 2 0 0 9**

Transaction ID: 2009M04L11ai01742

Amount of Each Receipt this Period

425.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George R. Hokenstad

Mailing Address 29520 Oceanport Road

City State Zip Code  
**Rancho Palos Verde CA 90275-5702**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 2 6 / 2 0 0 9**

Transaction ID: 2009M04L11ai01743

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

**900.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 588 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joe W. Holcomb

Mailing Address 9045 Larston Street

City

Houston

State

TX

Zip Code

77055-6508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01744

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ellis Holdiness, Jr.

Mailing Address 269 Hubert Holdiness Road

City

Louisville

State

MS

Zip Code

39339-6725

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01745

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Raylene Holladay

Mailing Address 8926 Ross Lane

City

New Port Richey

State

FL

Zip Code

34654-5423

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01746

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Sandra R. Holland

Mailing Address P.O. Box 368

City

Nantucket

State

MA

Zip Code

02554-0368

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 NANTUCKET HOUSE ANTIQUES

Occupation  
 Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01747

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Marvin D. Hollenbeck

Mailing Address 3379 Mill Vista Road  
 Unit 408

City

Highlands Ranch

State

CO

Zip Code

80129-2608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01748

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Marvin D. Hollenbeck

Mailing Address 3379 Mill Vista Road  
 Unit 408

City

Highlands Ranch

State

CO

Zip Code

80129-2608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01749

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 590 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Larey Holliday

Mailing Address 11001 S.E. 291st Street

City

Auburn

State

WA

Zip Code

98092-1909

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lgholliday Business Servi-  
ces

Occupation

Janitorial/Courier

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01750

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Floyd Holloway, Jr.

Mailing Address 228 Southampton Lane

City

Venice

State

FL

Zip Code

34293-4278

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01751

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Keith Holloway

Mailing Address 411 Cashmere Road

City

Boise

State

ID

Zip Code

83702-1621

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Western Health Care

Occupation

C. E. O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01752

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 591 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Elwood R Holm

Mailing Address 1238 West Roscoe Street

City State Zip Code  
 Chicago IL 60657-1424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01753

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
 Ms. Katherine E. Holman

Mailing Address 116 Montana Drive

City State Zip Code  
 Chadd Ford PA 19317-9283

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Xonex, Inc.

Occupation  
President / C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01754

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
 Col. & Mrs E. Y. Holt, Jr.

Mailing Address 100 E. Ocean View Avenue  
 U.S.M.C. (Ret.)

City State Zip Code  
 Norfolk VA 23503-1635

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01755

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 592 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Nelson W. Holt

Mailing Address P.O. Box 60

City

Edgewater

State

MD

Zip Code

21037-0060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bausum & Duckett Electric-  
al Co

Occupation

Electrical Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01756

Amount of Each Receipt this Period

1005.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Julie M. Holtze

Mailing Address 5001 Lake Shore Drive

City

Okoboji

State

IA

Zip Code

51355-2595

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01757

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Peter Holzer

Mailing Address 240 S. Bridge Avenue  
Building 1

City

Red Bank

State

NJ

Zip Code

07701-1402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Intercontinental Cargo Ex-  
press, Ltd.

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01758

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1555.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 593 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael B. Honan

Mailing Address 4329 Corinth Drive

City

Birmingham

State

AL

Zip Code

35213-1836

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardio Vascular Associati-  
on, P.C.

Occupation  
Cardiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01759

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John W. Hood, Jr.

Mailing Address 3700 S.W. 30Th Avenue

City

Fort Lauderdale

State

FL

Zip Code

33312-6707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01760

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John W. Hood, Jr.

Mailing Address 3700 S.W. 30Th Avenue

City

Fort Lauderdale

State

FL

Zip Code

33312-6707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01761

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 594 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth C. Hood

Mailing Address 10030 E. Chestnut Drive

City

Sun Lakes

State

AZ

Zip Code

85248-6812

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01762

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Grant E. Hook

Mailing Address 122 Iris Drive

City

Cedar Falls

State

IA

Zip Code

50613-6311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01763

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Martha P. Hoots

Mailing Address P.O. Box 36

City

Deeth

State

NV

Zip Code

89823-0036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01764

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 595 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Stuart C. Hope

Mailing Address 694 Debordieu Boulevard

City

Georgetown

State

SC

Zip Code

29440-7150

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01765

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Teerri Hopkins

Mailing Address 15610 S.E. Bybee Drive

City

Portland

State

OR

Zip Code

97236-7835

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Royal Bearing

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01766

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Pat Horan

Mailing Address 1764 43Rd Road

City

Heartwell

State

NE

Zip Code

68945-2031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01767

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 596 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Norman P. Horn

Mailing Address 3112 Castleton Court

City

Oakton

State

VA

Zip Code

22124-1763

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01768

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Daniel J. Hornaday

Mailing Address 14300 Chenal Parkway #7082

City

Little Rock

State

AR

Zip Code

72211-5805

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01769

Amount of Each Receipt this Period

255.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John R. Horne

Mailing Address 112 Muirfield Drive

City

Ponte Vedra

State

FL

Zip Code

32082-3932

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01770

Amount of Each Receipt this Period

6900.00

**SUBTOTAL** of Receipts This Page (optional) .....

7455.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 597 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Arthur Hornick

Mailing Address 143 Morgan Farm Drive

City

Leesburg

State

GA

Zip Code

31763-3572

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Sales Representative

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01771

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Diane B. Horsley

Mailing Address 13 Upland Terrace

City

Allegany

State

NY

Zip Code

14706-1128

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01772

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Anthony Horton

Mailing Address 148 Andover Rd

City

Billerica

State

MA

Zip Code

01821

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Container Store

Occupation

Retail

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01773

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 598 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Donald R Horton, Jr.

Mailing Address P.O. Box 1634

City State Zip Code  
**Ferriday LA 71334-1634**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 D&D Drilling

Occupation  
 Self Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**450.00**

Date of Receipt

**03 / 06 / 2009**

Transaction ID: 2009M04L11ai01774

Amount of Each Receipt this Period

**150.00**

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Edward H. Horton

Mailing Address P.O. Box 274

City State Zip Code  
**Ocean Beach NY 11770-0274**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**505.00**

Date of Receipt

**03 / 26 / 2009**

Transaction ID: 2009M04L11ai01775

Amount of Each Receipt this Period

**505.00**

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Alexander L. Horvath

Mailing Address 8 Buckskin Ln.

City State Zip Code  
**North Hampton NH 03862-2058**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**03 / 12 / 2009**

Transaction ID: 2009M04L11ai01776

Amount of Each Receipt this Period

**50.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**705.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 599 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. George Horvath

Mailing Address 4991 S. Azalea Circle

City

Saint George

State

UT

Zip Code

84790-4909

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01777

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George Horvath

Mailing Address 4991 S. Azalea Circle

City

Saint George

State

UT

Zip Code

84790-4909

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01778

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dan L. Hosfield

Mailing Address 6811 Shawnee Mission Pkwy.

City

Shawnee Msn

State

KS

Zip Code

66202-4031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hosfield Associates, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01779

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 600 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Bertha T. Hoskins

Mailing Address 2202 Spinnaker Court

City

Reston

State

VA

Zip Code

20191-4704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01780

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jerry W. Hostetter

Mailing Address 12 Berndale Drive

City

Westport

State

CT

Zip Code

06880-2742

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Smithfield Foods, Inc.

Occupation

Public Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01781

Amount of Each Receipt this Period

270.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Billy Howard

Mailing Address P.O. Box 8217

City

Horseshoe Bay

State

TX

Zip Code

78657-8217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01782

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

970.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 601 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Fredrick W. Howe

Mailing Address 7728 Laramie Court

City

San Diego

State

CA

Zip Code

92120-1405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01783

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Roger Howe

Mailing Address 667 Lynwood Drive

City

Encinitas

State

CA

Zip Code

92024-2388

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Chairman

Occupation  
Reliant Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01784

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Lauren Howell

Mailing Address P.O. Box 419

City

Pampa

State

TX

Zip Code

79066-0419

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01785

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 602 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Judith Hoyt

Mailing Address 2830 Tanner Lake Trl. NW

City

**Marietta**

State

**GA**

Zip Code

**30064-1200**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03 / 12 / 2009**

**Transaction ID: 2009M04L11ai01786**

Amount of Each Receipt this Period

**500.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. James R. Hruby

Mailing Address 28W440 Main Street

City

**Warrenville**

State

**IL**

Zip Code

**60555-3343**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 02 / 2009**

**Transaction ID: 2009M04L11ai01787**

Amount of Each Receipt this Period

**250.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dan Hubbard

Mailing Address 16420 Brandsford Point

City

**Chesterfield**

State

**MO**

Zip Code

**63005-4548**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03 / 10 / 2009**

**Transaction ID: 2009M04L11ai01788**

Amount of Each Receipt this Period

**500.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1250.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 603 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Hale Hubbell

Mailing Address 888 Brickell Key Drive  
 Apartment 1508

City State Zip Code  
 Miami FL 33131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01789

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Frances F. Huber

Mailing Address P.O. Box 100

City State Zip Code  
 Glen Rock PA 17327-0100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01790

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Lee Huddleston

Mailing Address 6940 Belinder Avenue

City State Zip Code  
 Mission Hills KS 66208-2760

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01791

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 604 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dan L. Hudgens

Mailing Address 1185 S. 700 W.

City

Heber City

State

UT

Zip Code

84032-5762

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01792

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Frances D. Hudson

Mailing Address 18417 Dunblane Court

City

Cornelius

State

NC

Zip Code

28031-7531

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01793

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Sherrie Hudson

Mailing Address 2312 Cross Bend Road

City

Plano

State

TX

Zip Code

75023-6409

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Thomson Reuters

Occupation

Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01794

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 605 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth R. Huff

Mailing Address 3962 N. Hackberry Way

City

Boise

State

ID

Zip Code

83702-1662

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01795

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Don Huffer

Mailing Address P. O. Box 94

City

Marshall

State

OK

Zip Code

73056-0094

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01796

Amount of Each Receipt this Period

450.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James E. Huffer

Mailing Address 750 S. Ocean Blvd.  
Apartment 14N

City

Boca Raton

State

FL

Zip Code

33432-5301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01797

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 606 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Dorothy Charles Huffman

Mailing Address 600 Brownstone Drive

City

Gibsonville

State

NC

Zip Code

27249-2854

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01798

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Dorothy Charles Huffman

Mailing Address 600 Brownstone Drive

City

Gibsonville

State

NC

Zip Code

27249-2854

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01799

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles E. Hugel

Mailing Address P. O. Box 438

City

Melvin Village

State

NH

Zip Code

03850-0438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01800

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 607 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dale E. Hughes

Mailing Address 704 N.W. 143Rd Street

City

Edmond

State

OK

Zip Code

73013-1947

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
J. & D. Hughes Electric,  
L.L.C.

Occupation  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01801

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dale E. Hughes

Mailing Address 704 N.W. 143Rd Street

City

Edmond

State

OK

Zip Code

73013-1947

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
J. & D. Hughes Electric,  
L.L.C.

Occupation  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01802

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald W. Hughes

Mailing Address 6 Dellwood Court

City

Hunt Valley

State

MD

Zip Code

21030-1426

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CAMDEN PARTNERS Holdings,  
L.L.C.

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01803

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 608 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Mako N. Hughes

Mailing Address 55889 Pinehurst

City

La Quinta

State

CA

Zip Code

92253-4724

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01804

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Vincent S Hughes

Mailing Address 560 Ivanhoe Plaza

City

Orlando

State

FL

Zip Code

32804-6332

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hughes Supply, Inc.

Occupation

Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01805

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Carol Hull

Mailing Address P.O. Box 257

City

Hermiston

State

OR

Zip Code

97838-0257

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
C. & H. Fertilizer

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01806

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 609 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. &amp; Mrs. Larry Hulsey

Mailing Address P.O. Box 1143

City

Graham

State

TX

Zip Code

76450-1143

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	9

Transaction ID: 2009M04L11ai01807

Amount of Each Receipt this Period

415.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Frances B. Hume

Mailing Address 489 Village Place

City

Longwood

State

FL

Zip Code

32779-6041

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	0	9

Transaction ID: 2009M04L11ai01808

Amount of Each Receipt this Period

180.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Rita Hume

Mailing Address 2555 County Road 13A S.

City

Elkton

State

FL

Zip Code

32033-2719

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Concrete Conservative Inc

Occupation

Bookkeeper

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	0	9

Transaction ID: 2009M04L11ai01809

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

895.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 610 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Miss Cynthia E. Humphreys

Mailing Address 1347 LaMar Square Drive  
Apartment 203

City State Zip Code  
Austin TX 78704-2242

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01810

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

Miss Cynthia E. Humphreys

Mailing Address 1347 LaMar Square Drive  
Apartment 203

City State Zip Code  
Austin TX 78704-2242

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01811

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)

Miss Cynthia E. Humphreys

Mailing Address 1347 LaMar Square Drive  
Apartment 203

City State Zip Code  
Austin TX 78704-2242

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01812

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 611 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ivan H. Humphreys

Mailing Address 1729 Middlefield Road

City

Palo Alto

State

CA

Zip Code

94301-3822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wilson Sonsini Goodrich  
& Rosa

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01813

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mary & James Hunt

Mailing Address 609 Mountain View Dr.

City

Mesquite

State

NV

Zip Code

89027-2543

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01814

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Melvin H. Hunter

Mailing Address P.O. Box 178

City

New Milford

State

PA

Zip Code

18834-0178

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Snake & Creek Marine

Occupation  
Custom Fabricator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01815

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 612 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

L. C. Huntley

Mailing Address 1645 San Pablo Drive

City State Zip Code  
**Lake San Marcos CA 92069**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**03 / 11 / 2009**

**Transaction ID: 2009M04L11ai01816**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Fred Hunzeker

Mailing Address 11758 Nicholas Street

City State Zip Code  
**Omaha NE 68154-4413**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tenaska, Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03 / 12 / 2009**

**Transaction ID: 2009M04L11ai01817**

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Millard Hurlburt

Mailing Address 1301 County Highway 48

City State Zip Code  
**Oneonta NY 13820-4305**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

**03 / 24 / 2009**

**Transaction ID: 2009M04L11ai01818**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

**2950.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 613 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Raymond & Eunice Hurm

Mailing Address 7011 N. Wilder Road

City

Phoenix

State

AZ

Zip Code

85021-8756

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01819

Amount of Each Receipt this Period

240.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Francis Huss

Mailing Address 41 Lake Forest Lane

City

Saint Charles

State

MO

Zip Code

63301-8716

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01820

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard W. Huss

Mailing Address 8616 Aqueduct Road

City

Potomac

State

MD

Zip Code

20854-6249

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
E.M.T.H.H. Care

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01821

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

790.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 614 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Vernon F. Hutchens

Mailing Address 302 Westburg Avenue S.W.

City

Huntsville

State

AL

Zip Code

35801-3327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01822

Amount of Each Receipt this Period

70.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Vernon F. Hutchens

Mailing Address 302 Westburg Avenue S.W.

City

Huntsville

State

AL

Zip Code

35801-3327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01823

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Charles R. Hutchinson

Mailing Address 8502 Da Costa Street

City

Downey

State

CA

Zip Code

90240-4013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01824

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 615 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

The Hon. Tzu Y. Hwang

Mailing Address 11768 Roseglen Street

City

El Monte

State

CA

Zip Code

91732-1446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01825

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

The Hon. Tzu Y. Hwang

Mailing Address 11768 Roseglen Street

City

El Monte

State

CA

Zip Code

91732-1446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01826

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul E. Hyams

Mailing Address 3833 W. Dallas Street

City

Broken Arrow

State

OK

Zip Code

74012-4539

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01827

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 616 / 1940

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

W. B. Hyde

Mailing Address 4715 - 133rd Street N. W.

City

Gig Harbor

State

WA

Zip Code

98332-8887

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01828

Amount of Each Receipt this Period

850.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Hyland, III

Mailing Address 499 Hunt Ln

City

Manhasset

State

NY

Zip Code

11030-2641

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01829

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bill Ihrig

Mailing Address 202 North Avenue  
P.M.B. 310

City

Grand Junction

State

CO

Zip Code

81501-7540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01830

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional) .....

1310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 617 / 1940

(check only one)

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Catherine Inbar

Mailing Address 677 Lakeview Canyon Road

City

**Westlake Village**

State

**CA**

Zip Code

**91362-5601**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**03 / 27 / 2009**

Transaction ID: 2009M04L11ai01831

Amount of Each Receipt this Period

**220.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Russell S. Inboden

Mailing Address 2635 Robert Oliver Avenue

City

**Fernandina Beach**

State

**FL**

Zip Code

**32034-6010**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 26 / 2009**

Transaction ID: 2009M04L11ai01832

Amount of Each Receipt this Period

**250.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Infinger

Mailing Address 141 Deep Woods Rd

City

**Saint George**

State

**SC**

Zip Code

**29477-8708**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 25 / 2009**

Transaction ID: 2009M04L11ai01833

Amount of Each Receipt this Period

**250.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**720.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 618 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Donald Ingersoll

Mailing Address 1014 County Line Road

City

Batesville

State

IN

Zip Code

47006-9009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01834

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald Ingersoll

Mailing Address 1014 County Line Road

City

Batesville

State

IN

Zip Code

47006-9009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01835

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Inglis

Mailing Address 300 International Parkway

City

Sunrise

State

FL

Zip Code

33325-6240

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hydraulic Supply Co.

Occupation  
Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01836

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 619 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Diane Ingold

Mailing Address 373 Harvest Run

City

Mc Donough

State

GA

Zip Code

30252-4048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Henry County Board Of Edu-  
cation

Occupation  
Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01837

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Peter A. Iovino

Mailing Address 1823 Solitaire Lane

City

Mc Lean

State

VA

Zip Code

22101-4235

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai01838

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald L. Irvin

Mailing Address 24 Clouser Court

City

Martinsburg

State

WV

Zip Code

25405-7581

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01839

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 620 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Phillip D Irwin

Mailing Address 586 Rio Verde Lane

City

Grand Junction

State

CO

Zip Code

81507-1236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01840

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Phillip D Irwin

Mailing Address 586 Rio Verde Lane

City

Grand Junction

State

CO

Zip Code

81507-1236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01841

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Darrel C. Isaak

Mailing Address 4597 Road 6.5 N.E.

City

Moses Lake

State

WA

Zip Code

98837-8933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01842

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 621 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Craig Iseli

Mailing Address 209 Forest Avenue

City

Oak Park

State

IL

Zip Code

60302-1907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01843

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Brett Ison

Mailing Address 1085 Spring Br.

City

Jeremiah

State

KY

Zip Code

41826-8806

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unison Insurance Group,  
Inc

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01844

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Curtis B. Jackson

Mailing Address P.O. Box 148

City

Goldsboro

State

NC

Zip Code

27533-0148

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01845

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 622 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Marilyn L. Jackson

Mailing Address 11501 SE Skyline Drive

City

**Santa Ana**

State

**CA**

Zip Code

**92705-2400**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation

**Owner Escrow Company**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03 / 06 / 2009**

**Transaction ID: 2009M04L11ai01846**

Amount of Each Receipt this Period

**500.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Phil Jackson

Mailing Address 5181 N. Corral Canyon Place

City

**Tucson**

State

**AZ**

Zip Code

**85749-4980**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
J-Com, Inc.

Occupation

**President**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 12 / 2009**

**Transaction ID: 2009M04L11ai01847**

Amount of Each Receipt this Period

**250.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Philip K. Jackson

Mailing Address 21804 Deer Pointe Xing

City

**Bradenton**

State

**FL**

Zip Code

**34202-6302**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bechtel Jacobs Company L.-  
L.C.

Occupation

**Project Manager**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**600.00**

Date of Receipt

**03 / 30 / 2009**

**Transaction ID: 2009M04L11ai01848**

Amount of Each Receipt this Period

**100.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**850.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 623 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Philip K. Jackson

Mailing Address 21804 Deer Pointe Xing

City

Bradenton

State

FL

Zip Code

34202-6302

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bechtel Jacobs Company L.-  
L.C.

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01849

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Philip K. Jackson

Mailing Address 21804 Deer Pointe Xing

City

Bradenton

State

FL

Zip Code

34202-6302

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bechtel Jacobs Company L.-  
L.C.

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01850

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert E. Jackson, III

Mailing Address 4205 Palacio Drive

City

Amarillo

State

TX

Zip Code

79109-5027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Amarillo Heart Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01851

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 624 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Leonard Jacob

Mailing Address 35 Great Hill Road

City

Kennebunk

State

ME

Zip Code

04043-7402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01852

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Herbert A. Jacobi

Mailing Address 234 Palmo Way

City

Palm Beach

State

FL

Zip Code

33480-3135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01853

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Herbert A. Jacobi

Mailing Address 234 Palmo Way

City

Palm Beach

State

FL

Zip Code

33480-3135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01854

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 625 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael Jacobs

Mailing Address 8622 Braddock Ave

City

Alexandria

State

VA

Zip Code

22309-2021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01855

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael Jacobs

Mailing Address 8622 Braddock Ave

City

Alexandria

State

VA

Zip Code

22309-2021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01856

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Erik A. Jacobson

Mailing Address 301 Lenox Avenue  
Apartment 307

City

Oakland

State

CA

Zip Code

94610-4617

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01857

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 626 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Erik A. Jacobson

Mailing Address 301 Lenox Avenue  
 Apartment 307

City State Zip Code  
 Oakland CA 94610-4617

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01858

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Erik A. Jacobson

Mailing Address 301 Lenox Avenue  
 Apartment 307

City State Zip Code  
 Oakland CA 94610-4617

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01859

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Erik A. Jacobson

Mailing Address 301 Lenox Avenue  
 Apartment 307

City State Zip Code  
 Oakland CA 94610-4617

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01860

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 627 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard P. Jahnke

Mailing Address 1002 Hawthorn Drive

City

Waukesha

State

WI

Zip Code

53188-2958

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01861

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Lois F. Jailliet

Mailing Address P.O. Box 1600

City

Berclair

State

TX

Zip Code

78107-0002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01862

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stanley Jaksina

Mailing Address 480 Metacom Avenue

City

Bristol

State

RI

Zip Code

02809-5119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01863

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 628 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. R. Bryan Jamar

Mailing Address P.O. Box 9263

City

**Santa Rosa**

State

**CA**

Zip Code

**95405-1263**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**03 / 06 / 2009**

**Transaction ID: 2009M04L11ai01864**

Amount of Each Receipt this Period

**100.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. R. Bryan Jamar

Mailing Address P.O. Box 9263

City

**Santa Rosa**

State

**CA**

Zip Code

**95405-1263**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**03 / 20 / 2009**

**Transaction ID: 2009M04L11ai01865**

Amount of Each Receipt this Period

**110.00**

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth James

Mailing Address 706 Willington Square Way

City

**Newark**

State

**DE**

Zip Code

**19711-4138**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sft Inc.

Occupation  
Chemist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**03 / 24 / 2009**

**Transaction ID: 2009M04L11ai01866**

Amount of Each Receipt this Period

**150.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**360.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 629 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth James

Mailing Address 706 Willington Square Way

City State Zip Code  
**Newark DE 19711-4138**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sft Inc.

Occupation  
Chemist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 30 2009**

Transaction ID: 2009M04L11ai01867

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Stephan A. James

Mailing Address 3030 Cliff Overlook

City State Zip Code  
**Spicewood TX 78669-7506**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 16 2009**

Transaction ID: 2009M04L11ai01868

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Janakus

Mailing Address 10461 Warwick Falls Court

City State Zip Code  
**Las Vegas NV 89144-1398**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Station Casinos, Inc.

Occupation  
Design & Construction Owners R

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 31 2009**

Transaction ID: 2009M04L11ai01869

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1400.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 630 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Vladislav Jankulov

Mailing Address 44505 White Pine Circle E.

City

Northville

State

MI

Zip Code

48168-4352

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Drs. HBWS, P.C.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01870

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Edward L. Jaroski

Mailing Address 3127 Noble Lakes Lane

City

Houston

State

TX

Zip Code

77082-6810

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Capstone

Occupation  
Investment Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01871

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Todd S. Jarrell

Mailing Address 6901 Hilltop Court

City

Columbus

State

GA

Zip Code

31904-2287

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Urology Associates Of Col-  
umbus

Occupation  
Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01872

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 631 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Robert & Doreen Jaudes

Mailing Address 231 Fox Chapel Lane

City

Chesterfield

State

MO

Zip Code

63005-6905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01873

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen Jehle

Mailing Address 7726 Visonary Court

City

Manassas

State

VA

Zip Code

20112-7533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
P&J Arcomet, LLC.

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01874

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kent C. Jenkins

Mailing Address 3607 Everest Court

City

Montgomery

State

AL

Zip Code

36106-3342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01875

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 632 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. &amp; Mrs. Alvin K. Jennings

Mailing Address 1221 N.W. 50Th Road

City  
HoldenState  
MOZip Code  
64040-9385FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	0	9

Transaction ID: 2009M04L11ai01876

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Raymond Jennings

Mailing Address 366 Oak Drive

City  
ArnoldState  
MDZip Code  
21012-1068FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	0	9

Transaction ID: 2009M04L11ai01877

Amount of Each Receipt this Period

310.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Charlotte E. Jensen

Mailing Address 178 Wildwood Bay Drive

City  
MahtomediState  
MNZip Code  
55115-1443FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	9

Transaction ID: 2009M04L11ai01878

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

720.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 633 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Evelyn Jensen

Mailing Address P.O. Box 530335

City

Harlingen

State

TX

Zip Code

78553-0335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01879

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Jean Jensen

Mailing Address 1701 Auburn Lakes Drive

City

Venice

State

FL

Zip Code

34292

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Evanson-Jensen Funeral Ho-  
mes

Occupation  
Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01880

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stanley Jensen

Mailing Address 300 Lightning Ranch Rd.

City

Georgetown

State

TX

Zip Code

78628-6856

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
lbn

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01881

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 634 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Admiral & David E. Jeremiah

Mailing Address 2890 Melanie Lane

City

Oakton

State

VA

Zip Code

22124-1809

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01882

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Jessen

Mailing Address 10113 Pinnacle View Pl.

City

Las Vegas

State

NV

Zip Code

89134-2553

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Omicrow

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01883

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bruce Jett

Mailing Address 7833 Surfcrest Court

City

Las Vegas

State

NV

Zip Code

89128-6808

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01884

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

930.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 635 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Felix Jimenez

Mailing Address 6423 E. MacClaurin Drive

City

Tampa

State

FL

Zip Code

33647-1171

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01885

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Courtney John

Mailing Address 2135 Seminole Road

City

Atlantic Beach

State

FL

Zip Code

32233-5921

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Horizon Lines

Occupation

Marine Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01886

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alex J. Johnson

Mailing Address 6102 Harvester Court

City

Burke

State

VA

Zip Code

22015-3235

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jb Management, Inc.

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01887

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 636 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Alice Johnson

Mailing Address P.O. Box 3829

City

Orlando

State

FL

Zip Code

32802-3829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
One Source Roofing, Inc

Occupation

Small Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01888

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Alice M. Johnson

Mailing Address 5990 Camino De La Costa

City

La Jolla

State

CA

Zip Code

92037-6550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01889

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Arnold S. Johnson

Mailing Address 8610 Birchwood Hills Rd.

City

Lake Shore

State

MN

Zip Code

56468-2509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01890

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 637 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Aubrey K. Johnson

Mailing Address P.O. Box 5047

City

Sun City West

State

AZ

Zip Code

85376-5047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	0	9

Transaction ID: 2009M04L11ai01891

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Charles T. Johnson

Mailing Address 263 Sunnybrook Lane

City

El Dorado

State

AR

Zip Code

71730-8595

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	0	9

Transaction ID: 2009M04L11ai01892

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Clarence Johnson

Mailing Address 148 5Th Avenue N.

City

Franklin

State

TN

Zip Code

37064-2606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	9

Transaction ID: 2009M04L11ai01893

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 638 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Craig A. Johnson

Mailing Address 9670 Falls Of Rough Road

City

Falls Rough

State

KY

Zip Code

40119-6844

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01894

Amount of Each Receipt this Period

105.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Damon Johnson

Mailing Address 3501 N. Coltrane Road

City

Edmond

State

OK

Zip Code

73034-8356

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01895

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Dolores C. Johnson

Mailing Address 5803 Seashore Drive

City

Newport Beach

State

CA

Zip Code

92663-2027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01896

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

655.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 639 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Franklin Johnson

Mailing Address 151 E. Pike Rd

City State Zip Code  
 Falkville AL 35622

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01897

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Glen Johnson

Mailing Address 122 San Benito Avenue

City State Zip Code  
 Aptos CA 95003-4415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01898

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. James Johnson

Mailing Address 117 Colesbury Drive

City State Zip Code  
 New Castle DE 19720-3203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01899

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 640 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Johnny Johnson

Mailing Address 1249 N. Lavergne Avenue

City

Chicago

State

IL

Zip Code

60651-1553

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Small Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01900

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Johnny Johnson

Mailing Address 1249 N. Lavergne Avenue

City

Chicago

State

IL

Zip Code

60651-1553

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Small Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01901

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Kathleen Johnson

Mailing Address 5607 Pine Arbor Drive

City

Houston

State

TX

Zip Code

77066-2434

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01902

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 641 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Leonard Johnson

Mailing Address 1562 East 3Rd Street

City

Moscow

State

ID

Zip Code

83843-3791

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01903

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Linda Johnson

Mailing Address 100 Street Of Dreams

City

Village Of Loch LI

State

MO

Zip Code

64012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Business Solutions Networ-  
k, In

Occupation  
President & Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01904

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Linnea K. Johnson

Mailing Address 1781 Taylorsville Rd

City

Taylorsville

State

GA

Zip Code

30178-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Janus Intl

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01905

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 642 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Madolyn Johnson

Mailing Address P.O. Box 428

City

Itasca

State

IL

Zip Code

60143-1974

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wicker World Enterprises,  
Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01906

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark W. Johnson

Mailing Address 66 Smokestone Drive

City

The Woodlands

State

TX

Zip Code

77381-3820

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01907

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Marlin William Johnson

Mailing Address 1574 Elm Street

City

San Carlos

State

CA

Zip Code

94070-4944

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01908

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 643 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Marlin William Johnson

Mailing Address 1574 Elm Street

City

San Carlos

State

CA

Zip Code

94070-4944

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01909

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Patricia Ann Johnson

Mailing Address 1510 Braiden Rd.

City

Dalton

State

GA

Zip Code

30720-5104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01910

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul A. Johnson

Mailing Address 2006 Daisy Lane

City

Jefferson City

State

MO

Zip Code

65109-1810

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01911

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 644 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Warren Johnson

Mailing Address 8502 N. 94Th Avenue

City

Peoria

State

AZ

Zip Code

85345-7702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Paradise Valley Family Me-  
dical

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01912

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Col. William R. Johnson

Mailing Address 5103 Redwing Drive

City

Alexandria

State

VA

Zip Code

22312-2044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
General Dynamics

Occupation  
Contract Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01913

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Wilma Johnson

Mailing Address 1342 W. Laurel Road

City

London

State

KY

Zip Code

40741-8209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01914

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

570.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 645 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Kenneth Johnston

Mailing Address 8203 Glenn Elm Drive

City

Spring

State

TX

Zip Code

77379-2733

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jnet It Services

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01915

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Roger M. Johnston

Mailing Address 2028 Knollshire Rd. NE

City

Cedar Rapids

State

IA

Zip Code

52402-2861

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01916

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bryan L. Jones

Mailing Address 19175 Industrial Boulevard #A

City

Elk River

State

MN

Zip Code

55330-2455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
S.M.I.

Occupation  
Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01917

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 646 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles Jones

Mailing Address P.O. Box 417

City

Marshall

State

TX

Zip Code

75671-0417

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01918

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles W. Jones

Mailing Address 993 Baumann Dr. N.

City

Floyds Knobs

State

IN

Zip Code

47119-8834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01919

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Douglas W Jones

Mailing Address 26477 Rancho Parkway South

City

Lake Forest

State

CA

Zip Code

92630-8326

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jones Associates

Occupation  
Financial Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01920

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 647 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Elton Jones

Mailing Address 3797 Longhorn Drive

City

Hamilton

State

OH

Zip Code

45013-8426

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01921

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Elton Jones

Mailing Address 3797 Longhorn Drive

City

Hamilton

State

OH

Zip Code

45013-8426

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01922

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gary Jones

Mailing Address 159 Horns Ford Lane

City

Ocoee

State

TN

Zip Code

37361-3426

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01923

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 648 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Gary Jones

Mailing Address 159 Horns Ford Lane

City

Ocoee

State

TN

Zip Code

37361-3426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01924

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. H.L. Dick Jones

Mailing Address 1004 Lake Winds Drive

City

Birmingham

State

AL

Zip Code

35244-3243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01925

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Hoyle C. Jones

Mailing Address P.O. Box 169

City

Mill Neck

State

NY

Zip Code

11765-0169

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01926

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

900.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 649 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Irene Jones

Mailing Address 2137 Hidden Creek Road

City

Forth Worth

State

TX

Zip Code

76107-3563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	0	9

Transaction ID: 2009M04L11ai01927

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jenk Jones, Jr.

Mailing Address 6447 S. Louisville Avenue

City

Tulsa

State

OK

Zip Code

74136-1532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	0	9

Transaction ID: 2009M04L11ai01928

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jerry W. Jones

Mailing Address 703 Glenbrook Dr.

City

Middletown

State

MD

Zip Code

21769-7753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
I.B.M. CorporationOccupation  
Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	0	9

Transaction ID: 2009M04L11ai01929

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 650 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Luther Jones

Mailing Address 50 Kahdena Road

City

Morristown

State

NJ

Zip Code

07960-3523

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sonneborn, Inc.

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01930

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary Jones

Mailing Address 25306 Fawn Point Ct.

City

Spring

State

TX

Zip Code

77389-3892

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01931

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary Jones

Mailing Address 25306 Fawn Point Ct.

City

Spring

State

TX

Zip Code

77389-3892

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01932

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 651 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary V. Jones

Mailing Address 120 Heritage Pointe

City

**Morgantown**

State

**WV**

Zip Code

**26505-2830**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**03 / 27 / 2009**

**Transaction ID: 2009M04L11ai01933**

Amount of Each Receipt this Period

**350.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Oakah L. Jones

Mailing Address 1435 Wagon Train Drive S.E.

City

**Albuquerque**

State

**NM**

Zip Code

**87123-4299**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**285.00**

Date of Receipt

**03 / 23 / 2009**

**Transaction ID: 2009M04L11ai01934**

Amount of Each Receipt this Period

**40.00**

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Patricia L. Jones

Mailing Address 1705 Mason Hill Drive

City

**Alexandria**

State

**VA**

Zip Code

**22307-1932**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Inova Health System

Occupation  
Hospital Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 11 / 2009**

**Transaction ID: 2009M04L11ai01935**

Amount of Each Receipt this Period

**250.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**640.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 652 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul L. Jones

Mailing Address 2209 Delaware Drive

City

Ann Arbor

State

MI

Zip Code

48103-6150

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01936

Amount of Each Receipt this Period

140.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul L. Jones

Mailing Address 2209 Delaware Drive

City

Ann Arbor

State

MI

Zip Code

48103-6150

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01937

Amount of Each Receipt this Period

140.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert M. Jones

Mailing Address 9219 Appolds Road

City

Rocky Ridge

State

MD

Zip Code

21778-9223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01938

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

530.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 653 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Vivian Jones

Mailing Address 903 Brentwood Drive

City

Etowah

State

TN

Zip Code

37331-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01939

Amount of Each Receipt this Period

180.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Vivian Jones

Mailing Address 903 Brentwood Drive

City

Etowah

State

TN

Zip Code

37331-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01940

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William Jones

Mailing Address 1618 Buschong St.

City

Houston

State

TX

Zip Code

77039-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Raven Mechanical

Occupation  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01941

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 654 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Jones

Mailing Address 1734 Stone Hollow Court

City

Bountiful

State

UT

Zip Code

84010-1070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01942

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Jones

Mailing Address 1734 Stone Hollow Court

City

Bountiful

State

UT

Zip Code

84010-1070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01943

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Howell Jones Jr.

Mailing Address P.O. Box 40

City

Sheldon

State

SC

Zip Code

29941-0040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01944

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 655 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Chalmer Jordan

Mailing Address P.O. Box 575

City

Saegertown

State

PA

Zip Code

16433-0828

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Saegertown Manufacturing

Occupation  
Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01945

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. J. R. Jordan

Mailing Address 3104 West U.S. Highway 86

City

Brawley

State

CA

Zip Code

92227-9608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01946

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Kara Jordan

Mailing Address 119 Willow Springs Lane

City

Aledo

State

TX

Zip Code

76008-2767

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01947

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 656 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Pendleton A. Jordan, III

Mailing Address 6391 Phillip Court

City

Springfield

State

VA

Zip Code

22152-2844

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01948

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard E. Jordan, II

Mailing Address 4 Foxtail Court

City

Mechanicsburg

State

PA

Zip Code

17050-8501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Smith Land & Improvement  
Corporation

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01949

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Tom N. Jordan, Jr.

Mailing Address P.O. Box 1919

City

Healdsburg

State

CA

Zip Code

95448-1919

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jordan Oil & Gas Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01950

Amount of Each Receipt this Period

15000.00

**SUBTOTAL** of Receipts This Page (optional) .....

15550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 657 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dan Jorndt

Mailing Address 1038 Cayuga Drive

City

Northbrook

State

IL

Zip Code

60062-4306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01951

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George Joseph

Mailing Address 365 S. Hudson Avenue

City

Los Angeles

State

CA

Zip Code

90020-4803

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mercury Insurance Group

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01952

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth L. Josselyn

Mailing Address 250 E. 87Th Street  
Apartment 9C

City

New York

State

NY

Zip Code

10128-3159

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Goldman, Sachs & Co.

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01953

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 658 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Joe Joyce

Mailing Address 3 Thorntree

City

Longview

State

TX

Zip Code

75601-4797

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01954

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Clara M. Judy

Mailing Address 5591 U.S. Hwy 27 S.

City

Cynthiana

State

KY

Zip Code

41031-7426

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01955

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Juhasz

Mailing Address 1540 Calais Dr.

City

Miami Beach

State

FL

Zip Code

33141-3509

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01956

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 659 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Jerry G Jumper

Mailing Address 13509 Bullion Ct

City

Corpus Christi

State

TX

Zip Code

78418-6907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01957

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Janeen Jydstруп

Mailing Address P.O. Box 281

City

Bay Center

State

WA

Zip Code

98527-0281

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01958

Amount of Each Receipt this Period

330.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Evelyn & John Kafura

Mailing Address 5275 Chesapeake Court

City

Oshkosh

State

WI

Zip Code

54901-1334

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01959

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

830.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 660 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Sholly & Cynthia Kagan

Mailing Address P.O. Box 8128

City

Alta

State

UT

Zip Code

84092-0447

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01960

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Bill Kahlstorf

Mailing Address 830 Debeau Street

City

Tupelo

State

MS

Zip Code

38804-1001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01961

Amount of Each Receipt this Period

305.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Donald Kaiserman

Mailing Address P.O. Box 635

City

West Covina

State

CA

Zip Code

91793-3412

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Valley Imaging Partnership

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01962

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1105.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 661 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Kaley

Mailing Address 65 Columbus Avenue  
Apartment 310

City State Zip Code  
Pittsfield MA 01201-5094

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01963

Amount of Each Receipt this Period

18.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Kaley

Mailing Address 65 Columbus Avenue  
Apartment 310

City State Zip Code  
Pittsfield MA 01201-5094

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01964

Amount of Each Receipt this Period

18.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert J. Kalina

Mailing Address 106 Mohawk Circle

City State Zip Code  
Lake Kiowa TX 76240-9067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01965

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

61.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 662 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

William Kaman

Mailing Address 915 Beachside Ln

City

Huron

State

OH

Zip Code

44839-1958

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Matrix Automation Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01966

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey M. Kammerer

Mailing Address 300 Windlake Ct.

City

Alpharetta

State

GA

Zip Code

30022-3238

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pricewaterhousecoopers

Occupation  
Public Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01967

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Helen Kamp

Mailing Address 1835 Michigan Street NE #2

City

Grand Rapids

State

MI

Zip Code

49503-2108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai01968

Amount of Each Receipt this Period

240.00

**SUBTOTAL** of Receipts This Page (optional) .....

1540.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 663 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert E. Kandoll

Mailing Address 3158 Garfield Street

City

Longview

State

WA

Zip Code

98632-2754

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01969

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Martin Kane

Mailing Address 211 Everit Avenue

City

Hewlett

State

NY

Zip Code

11557-2209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Healthplex

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01970

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. J. David Karam

Mailing Address 2380 Onandaga Drive

City

Columbus

State

OH

Zip Code

43221-3618

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cedar Enterprises, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01971

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 664 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. J. David Karam

Mailing Address 2380 Onandaga Drive

City

Columbus

State

OH

Zip Code

43221-3618

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cedar Enterprises, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01972

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stephen M. Karlovits

Mailing Address 100 Maplewood Drive

City

Wexford

State

PA

Zip Code

15090-8560

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allegheny General Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01973

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Roger Karsten

Mailing Address P.O. Box 3326

City

Carbondale

State

IL

Zip Code

62902-3326

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Simco

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01974

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 665 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Mary B. Kasbohm

Mailing Address 149 Fleetwood Terrace

City

Williamsville

State

NY

Zip Code

14221-4469

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01975

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Mary B. Kasbohm

Mailing Address 149 Fleetwood Terrace

City

Williamsville

State

NY

Zip Code

14221-4469

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01976

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Duke Kassolis

Mailing Address 1436 Gormican Lane

City

Naples

State

FL

Zip Code

34110-0935

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01977

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 666 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Nick Katradis

Mailing Address 107 Buckingham Road

City

Tenafly

State

NJ

Zip Code

07670-3103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01978

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Vickie Kaufman

Mailing Address 2730 San Miguel Way

City

San Carlos

State

CA

Zip Code

94070-3609

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01979

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Wayne C. Kaufmann

Mailing Address 841 Kingsgate Drive

City

O. Fallon

State

MO

Zip Code

63368-4799

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01980

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 667 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Keating

Mailing Address 6709 N. Classen Boulevard

City

Oklahoma City

State

OK

Zip Code

73116-7308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Topographic, Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01981

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Matt Keeley

Mailing Address 564 Mayfair Lane

City

Naperville

State

IL

Zip Code

60565-5387

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Caterpillar Inc

Occupation

Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01982

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph S. Keely

Mailing Address P.O. Box 134

City

Stevenson

State

MD

Zip Code

21153

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01983

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2875.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 668 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Daniel Keh

Mailing Address 99 John St Apt 1014

City

New York

State

NY

Zip Code

10038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Marathon Asset Management

Occupation  
Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01984

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Alan R. Keith

Mailing Address 904 Sea Girt Avenue

City

Sea Girt

State

NJ

Zip Code

08750-1932

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Electric Wire Co-  
mpany, Inc.

Occupation  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01985

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alan R. Keith

Mailing Address 904 Sea Girt Avenue

City

Sea Girt

State

NJ

Zip Code

08750-1932

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Electric Wire Co-  
mpany, Inc.

Occupation  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01986

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 669 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas E. Keller

Mailing Address 22798 River Chase Lane

City

Defiance

State

OH

Zip Code

43512-6871

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01987

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Merry Kelley

Mailing Address 220 S. Blairsferry Crossing

City

Hiawatha

State

IA

Zip Code

52233-7947

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01988

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jack L. & Beatrice L Kellogg

Mailing Address 890 Vernon Heights Blvd.

City

Marion

State

OH

Zip Code

43302-5383

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01989

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 670 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Colin P. Kelly

Mailing Address 840 Appletree Lane

City

Glenview

State

IL

Zip Code

60025-3202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01990

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Donald S. Kelly

Mailing Address 29 Amsterdam Rd.

City

Grove City

State

PA

Zip Code

16127-3401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01991

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Kelly

Mailing Address 2440 Bethel Road

City

Liberty

State

MS

Zip Code

39645-8182

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01992

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 671 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Larry Kelly

Mailing Address 3314 Roosevelt Drive

City

Arlington

State

TX

Zip Code

76016-6011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mid-States Energy

Occupation  
Coo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01993

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas E. Kelly

Mailing Address The Highlands

City

Shoreline

State

WA

Zip Code

98177-5004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01994

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas L. Kelly

Mailing Address 2500 Ok Highway 78 E.

City

Tishomingo

State

OK

Zip Code

73460-4905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01995

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 672 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jack Kelso

Mailing Address 1309 Mount Vernon Street

City

Ennis

State

TX

Zip Code

75119-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01996

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert D. Kemp

Mailing Address 4503 N. Lakewood Drive

City

Saint Joseph

State

MO

Zip Code

64506-4505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01997

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dean M. Kennedy, III

Mailing Address 1004 S. Sierra Vista Ave

City

Alhambra

State

CA

Zip Code

91801-4818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Consona Erp Inc

Occupation  
Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01998

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 673 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dean M. Kennedy, III

Mailing Address 1004 S Sierra Vista Ave

City

Alhambra

State

CA

Zip Code

91801-4818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rbs, Inc

Occupation

Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01999

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John P. Kennedy

Mailing Address 1832 Turkeyfoot Lake Rd  
# W.

City

Barberton

State

OH

Zip Code

44203-4801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02000

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Joseph P. Kennedy

Mailing Address 404 Clinton Road

City

Lexington

State

KY

Zip Code

40502-2356

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kennedy Book Store

Occupation

Book Store Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02001

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 674 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Roger B. Kennedy

Mailing Address 633 N. Longview Pl.

City

Longwood

State

FL

Zip Code

32779-6016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Roger Kennedy, Inc

Occupation

Constrcution Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02002

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph F. Kennell

Mailing Address 900 W. Grand Oak Drive

City

Peoria

State

IL

Zip Code

61615-1150

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02003

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jerome P. Kenney

Mailing Address 1136 Fifth Avenue  
Apartment 13-A

City

New York

State

NY

Zip Code

10128-0122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02004

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 675 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Douglas R. Kenny

Mailing Address 11414 Rustic Pine Court

City

Riverview

State

FL

Zip Code

33569-4651

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Precision Communcion Se-  
rvices

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02005

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joe Kenworthy

Mailing Address 3800 W. 71st St.  
Apartment 2111

City

Tulsa

State

OK

Zip Code

74132-2154

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02006

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Frances M. Kenyon

Mailing Address 762 East 19Th Street

City

San Bernardino

State

CA

Zip Code

92404-4805

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02007

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

2100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 676 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Maj Richard D. Kern, Sr.

Mailing Address 2110 Valley Avenue

City

Winchester

State

VA

Zip Code

22601-2754

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kern Motor Company

Occupation

Automobile Dealer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02008

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Maj Richard D. Kern, Sr.

Mailing Address 2110 Valley Avenue

City

Winchester

State

VA

Zip Code

22601-2754

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kern Motor Company

Occupation

Automobile Dealer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02009

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Maj Richard D. Kern, Sr.

Mailing Address 2110 Valley Avenue

City

Winchester

State

VA

Zip Code

22601-2754

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kern Motor Company

Occupation

Automobile Dealer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02010

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 677 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Andrew W. Kerr

Mailing Address 1 Northwood Drive

City

San Francisco

State

CA

Zip Code

94112-1234

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rogers Benefit Group

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02011

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James W. Kerr

Mailing Address 20462 Brentstone Lane

City

Huntingtn Bch

State

CA

Zip Code

92646-5123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Constructor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02012

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Mary Ann. Kesicki

Mailing Address 3601 S. Ogden Street

City

Cherry Hills Villa

State

CO

Zip Code

80113-7507

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kitchen Gallery, Ltd.

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02013

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

805.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 678 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Mary Ann. Kesicki

Mailing Address 3601 S. Ogden Street

City

Cherry Hills Villa

State

CO

Zip Code

80113-7507

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kitchen Gallery, Ltd.

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02014

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ali Keskin

Mailing Address 5831 Invincible Drive

City

Jamesville

State

NY

Zip Code

13078-9583

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Statewide Aqua Store, Inc.

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02015

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Margery Keskin

Mailing Address 5831 Invincible Drive

City

Jamesville

State

NY

Zip Code

13078-9583

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
J.A. Lange, Inc.

Occupation  
Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02016

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 679 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Merton H. Kesselring

Mailing Address P.O. Box 953

City

Zephyrhills

State

FL

Zip Code

33539-0953

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 12 / 2009

Transaction ID: 2009M04L11ai02017

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Merton H. Kesselring

Mailing Address P.O. Box 953

City

Zephyrhills

State

FL

Zip Code

33539-0953

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 13 / 2009

Transaction ID: 2009M04L11ai02018

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Alexandra L. Kieffer

Mailing Address 3013 Hawthorne Blvd.

City

Saint Louis

State

MO

Zip Code

63104-1603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 30 / 2009

Transaction ID: 2009M04L11ai02019

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 680 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Charlene Kilgore

Mailing Address 11305 Bruce Drive

City

Jacksonville

State

FL

Zip Code

32218-4117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02020

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Scott Killian

Mailing Address 56 Hamlin Brook Pass

City

Southington

State

CT

Zip Code

06489-2191

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dechert Llp

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02021

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Douglas Kimmelman

Mailing Address 130 Overleigh Road

City

Bernardsville

State

NJ

Zip Code

07924-1519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Energy Capital Partners

Occupation

Investment Fund Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02022

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 681 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Judith Kindred

Mailing Address 10291 W. Highway 40

City

Ocala

State

FL

Zip Code

34482-2567

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai02023

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert E. Kindy

Mailing Address 405 Oakhill Drive

City

Conroe

State

TX

Zip Code

77304-1903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai02024

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Fr. Brian G. King

Mailing Address 9995 N. Military Trail

City

Palm Beach Gardens

State

FL

Zip Code

33410-5460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Diocese Of Palm Beach

Occupation  
Priest

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 9

Transaction ID: 2009M04L11ai02025

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 682 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Elsie M. King

Mailing Address 1721 Bannister Road

City

Anchorage

State

AK

Zip Code

99508-4020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02026

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John B. King

Mailing Address 13031 Fairway Lane

City

Ashland

State

VA

Zip Code

23005-3134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Anicon Corporation

Occupation  
D. O. D. Systems Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02027

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mitzi M. King

Mailing Address 791 Pen Shell Drive

City

Sanibel

State

FL

Zip Code

33957-4913

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02028

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 683 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stanley King

Mailing Address 620 Petunia Road

City

Wytheville

State

VA

Zip Code

24382-1323

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

618.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02029

Amount of Each Receipt this Period

618.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Terry King

Mailing Address 530 Brookwood Drive

City

Woodway

State

TX

Zip Code

76712-3213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hillcrest Baptist Hospital

Occupation

Computerized Sonography Tech.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02030

Amount of Each Receipt this Period

330.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas D. King, Jr.

Mailing Address P.O. Box 741

City

Kilauea

State

HI

Zip Code

96754-0741

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02031

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1448.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 684 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Harry Kingsbery

Mailing Address 6350 Etheridge Lane

City

Manassas

State

VA

Zip Code

20112-8820

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02032

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald E. Kinney

Mailing Address 3 Eagle Way

City

Dedham N.

State

ME

Zip Code

04429-1551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02033

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Russell J. Kinnunen

Mailing Address 17040 Valley Rd.

City

Chassell

State

MI

Zip Code

49916-9413

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02034

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 685 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Leonard M. Kirk

Mailing Address 6 Hunter Drive

City

Bel Air

State

MD

Zip Code

21014-3934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai02035

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Nathan D. Kirkes

Mailing Address 4025 Jamaica Drive

City

Jonesboro

State

GA

Zip Code

30236-5466

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02036

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Kirkpatrick

Mailing Address 1818 Berks Road

City

Norristown

State

PA

Zip Code

19403-4818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Berks Ridge Co Ent Inc

Occupation  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02037

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 686 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Kiser

Mailing Address P. O. Box 1799

City

Pawleys Isl

State

SC

Zip Code

29585-1799

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02038

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William I. Kissinger

Mailing Address 10155 York Road  
Suite 105

City

Cockeysville

State

MD

Zip Code

21030-3343

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kinninger Financial Servi-  
ces

Occupation  
Financial Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02039

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Carl Kitchen

Mailing Address 5126 Niagara

City

Mount Airy

State

MD

Zip Code

21771-5778

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bytex, Inc.

Occupation  
Systems Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02040

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 687 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert H. Klass

Mailing Address 420 Overview Drive N. W.

City

Atlanta

State

GA

Zip Code

30327-4254

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02041

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert H. Klass

Mailing Address 420 Overview Drive N. W.

City

Atlanta

State

GA

Zip Code

30327-4254

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02042

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Martha Ann May Klaus

Mailing Address 3 Shoreline Drive

City

Vicksburg

State

MS

Zip Code

39180-5326

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02043

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 688 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William E. Klawonn

Mailing Address 201 Honey Hill Drive

City

Bluffton

State

SC

Zip Code

29909-4411

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bearingpoint

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02044

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert G. Kleckner, Jr.

Mailing Address 80 E. End Avenue

City

New York

State

NY

Zip Code

10028-8003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02045

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Brian Kleen

Mailing Address 1215 Noton Court

City

Pflugerville

State

TX

Zip Code

78660-3805

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
King Tiger Technology, In-  
c.

Occupation  
Hardware Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02046

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 689 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Brian Kleen

Mailing Address 1215 Noton Court

City

Pflugerville

State

TX

Zip Code

78660-3805

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
King Tiger Technology, In-  
c.

Occupation

Hardware Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02047

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Bud Klein

Mailing Address 11 Atherton Island

City

Stockton

State

CA

Zip Code

95204-3806

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02048

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles A. Klein, III

Mailing Address 2 Ivy Way

City

Dayton

State

NJ

Zip Code

08810-1420

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02049

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 690 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ralph & Shirley Klein

Mailing Address 2101 Rock Spring Road

City

Forest Hill

State

MD

Zip Code

21050-2617

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02050

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Rodney A. Klein

Mailing Address 2300 Bell Executive Lane

City

Sacramento

State

CA

Zip Code

95825-4068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02051

Amount of Each Receipt this Period

190.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Louis A. Klemp, Jr.

Mailing Address 1816 Pine Ridge Dr.

City

Leavenworth

State

KS

Zip Code

66048-5416

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02052

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

690.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 691 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Geraldine F. Kletzker

Mailing Address 3 Huntleigh Woods

City

Saint Louis

State

MO

Zip Code

63131-4818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02053

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael G. Kline

Mailing Address P.O. Box 8068

City

Pine Bluff

State

AR

Zip Code

71611-8068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02054

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Klingenstein

Mailing Address 8 Fox Fun Lane

City

Greenwich

State

CT

Zip Code

06831-3736

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wertheim & Company

Occupation

Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02055

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 692 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Douglas Klions

Mailing Address 1108 Chauncer Drive

City

Greensburg

State

PA

Zip Code

15601-9046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02056

Amount of Each Receipt this Period

700.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. William Klug

Mailing Address N. 2426 Cherry Road

City

Rubicon

State

WI

Zip Code

53078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02057

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Harold W. Knapheide, III

Mailing Address P.O. Box 7140

City

Quincy

State

IL

Zip Code

62305-7140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Knapheide Manufacturi-  
ng Company

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02058

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1900.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Jean D. Knapp

Mailing Address 3109 San Luis Drive

City

Colorad Springs

State

CO

Zip Code

80909-1325

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02059

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Norman D. Knapp

Mailing Address 1431 County Road 1700 E

City

Roanoke

State

IL

Zip Code

61561-7726

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Caterpillar, Inc.

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02060

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Rita M. Kneeland

Mailing Address 521 Piermont Ave.

City

Rivervale

State

NJ

Zip Code

07675-5707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02061

Amount of Each Receipt this Period

105.00

**SUBTOTAL** of Receipts This Page (optional) .....

605.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. George William Knight

Mailing Address 365 Breakwater Riege NE

City

Atlanta

State

GA

Zip Code

30328-1805

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Gva Advantir

Occupation

Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02062

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Howell Knight

Mailing Address 8184 N. Yellow Pine Circle

City

Glen Saint Mary

State

FL

Zip Code

32040-3716

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02063

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. J. Knight

Mailing Address 999 Ponce De Leon Blvd.  
Suite 510

City

Coral Gables

State

FL

Zip Code

33134-3037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02064

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William H. Knight

Mailing Address 214 Ridgeway Dr.

City

Greensboro

State

NC

Zip Code

27403-1527

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02065

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Carol Knisley

Mailing Address 5145 County Road 4200

City

Cherryvale

State

KS

Zip Code

67335-9706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai02066

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Carol Knisley

Mailing Address 5145 County Road 4200

City

Cherryvale

State

KS

Zip Code

67335-9706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02067

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. David M. Knize

Mailing Address 112 Mayhurst Avenue

City

Colorado Springs

State

CO

Zip Code

80906-3056

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02068

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard G. Knowland, Jr.

Mailing Address 105 Kennedy Street

City

Fayetteville

State

NY

Zip Code

13066-1320

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02069

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Dewey Knuth

Mailing Address 72194 Road 437

City

Oxford

State

NE

Zip Code

68967-6734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02070

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Butch Knutson

Mailing Address P.O. Box 2604

City

Gillette

State

WY

Zip Code

82717-2604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02071

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Margaret W. Kobusch

Mailing Address 10015 Conway Rd.

City

Saint Louis

State

MO

Zip Code

63124-1237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02072

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Margaret W. Kobusch

Mailing Address 10015 Conway Rd.

City

Saint Louis

State

MO

Zip Code

63124-1237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02073

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 698 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Karen M A Koch

Mailing Address 10139 Burrock Drive

City

Santee

State

CA

Zip Code

92071-1130

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Aloe Life International  
Inc

Occupation

Clinical Nutritionist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02074

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Larry J. Kohmescher

Mailing Address 4908 Camberley Circle

City

Williamsburg

State

VA

Zip Code

23188-8801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02075

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Thor Kolle

Mailing Address 135 E Main St

City

Caledonia

State

MN

Zip Code

55921

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02076

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 699 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Lily C. Koo

Mailing Address 4409 Crown Knoll Circle

City

Flower Mound

State

TX

Zip Code

75028-8504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02077

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Lily C. Koo

Mailing Address 4409 Crown Knoll Circle

City

Flower Mound

State

TX

Zip Code

75028-8504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02078

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Betty J. Koppler

Mailing Address 3280 Sly Park Road

City

Pollock Pines

State

CA

Zip Code

95726-9591

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02079

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 700 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Harry Kord

Mailing Address 2918 Ferris Avenue

City

Royal Oak

State

MI

Zip Code

48073-3523

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02080

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Albert Koster

Mailing Address 98 Franklin Street

City

Vineyard Hvn

State

MA

Zip Code

02568-5203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02081

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Martha E. Kourbage

Mailing Address 400 Bayside

City

Breezy Point

State

NY

Zip Code

11697-1009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kingsway Exterminating Co-  
mpany, Inc.

Occupation  
Bookkeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02082

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1075.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 701 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms Ada Kousoum

Mailing Address 12010 Johns Place

City

Fairfax

State

VA

Zip Code

22033-4646

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02083

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stephen M. Kovarik

Mailing Address 13968 Neck Yoke Road

City

Rapid City

State

SD

Zip Code

57702-7314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02084

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Ina A. Kozesky

Mailing Address 1865 Chatuge Lane

City

Young Harris

State

GA

Zip Code

30582-6915

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02085

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 702 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Beverly Krabel

Mailing Address 1373 S. 150 W.

City

Greenfield

State

IN

Zip Code

46140-8503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eli Lilly & Company

Occupation  
Chemist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02086

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Peter R. Krallitsch

Mailing Address 295 N. Rebecca Street

City

Crystal Lake

State

IL

Zip Code

60014-3632

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02087

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William A. Kramer

Mailing Address 2626 Howell Street  
Floor 10

City

Dallas

State

TX

Zip Code

75204-4064

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Republic Title Of Texas

Occupation  
Title Company Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02088

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 703 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark Krasinski

Mailing Address 127 Gilbert Road

City

New Hartford

State

NY

Zip Code

13413-2505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bank Of N. Y.

Occupation  
Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02089

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Dorothy Kreder

Mailing Address 13799 Myers Lane S.

City

Jefferson

State

OR

Zip Code

97352-9751

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02090

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William Kresge

Mailing Address 6818 Napier Lane

City

Houston

State

TX

Zip Code

77069-1230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
W.H. Kresge Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02091

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

420.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 704 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Kresge

Mailing Address 6818 Napier Lane

City

Houston

State

TX

Zip Code

77069-1230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
W.H. Kresge Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02092

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Louis Kriser

Mailing Address 46905 Grissom Street

City

Potomac Falls

State

VA

Zip Code

20165-3577

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02093

Amount of Each Receipt this Period

130.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bill Krochalis

Mailing Address 226 Lindsey Place N. E.

City

Marietta

State

GA

Zip Code

30067-4235

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Zc Sterling

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02094

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

430.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 705 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Krone

Mailing Address 8100 Graves Rd

City

Cincinnati

State

OH

Zip Code

45243-3631

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Greater Center Health Net-  
work

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02095

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Marlene Krpata

Mailing Address 8853 Promenade North Place

City

San Diego

State

CA

Zip Code

92123-6455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Solar Turbines

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02096

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William T. Krug

Mailing Address 567 Longwood Drive S.E.

City

Grand Rapids

State

MI

Zip Code

49301-7724

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02097

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 706 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Roger Kucway

Mailing Address 5954 Walnut Springs

City

Sylvania

State

OH

Zip Code

43560-9460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tro

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02098

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Kugler

Mailing Address P. O. Box 40246

City

Denver

State

CO

Zip Code

80204-0246

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United Construction Produ-  
cts

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02099

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Peter Kuk

Mailing Address 10 Redfox Trail

City

Sicklerville

State

NJ

Zip Code

08081-3708

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02100

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

810.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 707 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Robert &amp; Shirley L. Kula

Mailing Address P.O. Box 668

City

Fort Morgan

State

CO

Zip Code

80701-0668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02101

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Mr. David G. Kulik

Mailing Address 713 Great Egret Way

City

Ponte Vedra

State

FL

Zip Code

32082-7226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02102

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Betty R. Kulyk

Mailing Address 11505 Route 6 North

City

Albion

State

PA

Zip Code

16401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02103

Amount of Each Receipt this Period

160.00

SUBTOTAL of Receipts This Page (optional) .....

735.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 708 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Betty R. Kulyk

Mailing Address 11505 Route 6 North

City

Albion

State

PA

Zip Code

16401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02104

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Lisa G. Kunkel

Mailing Address 14 Grady Hill Court

City

Poughkeepsie

State

NY

Zip Code

12603-1126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02105

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Betty Kurtz

Mailing Address 1800 Atrium Parkway  
Apartment 340

City

Napa

State

CA

Zip Code

94559-4807

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02106

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

470.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 709 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Randy A. Kyler

Mailing Address 134 County Road 3996

City

Pawhuska

State

OK

Zip Code

74056-9760

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02107

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Randy A. Kyler

Mailing Address 134 County Road 3996

City

Pawhuska

State

OK

Zip Code

74056-9760

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02108

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Adam Labrato

Mailing Address 105 S Mobile St

City

Fairhope

State

AL

Zip Code

36532-3410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alaska Tanker Co

Occupation

Merchant Marine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02109

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 710 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Audrey K. Lafleur

Mailing Address 210 Clear Lake Lane

City

Weatherford

State

TX

Zip Code

76087-9170

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02110

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Lafontaine

Mailing Address 41485 Adams Street  
Unit C.

City

Bermuda Dunes

State

CA

Zip Code

92203-1186

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02111

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles Derek Lagemann

Mailing Address 1 Dolphin Green

City

Port Washington

State

NY

Zip Code

11050-3140

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2175.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02112

Amount of Each Receipt this Period

2175.00

**SUBTOTAL** of Receipts This Page (optional) .....

2700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 711 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert & Alice Lahne

Mailing Address 1326 W. Stephenson Street

City

Freeport

State

IL

Zip Code

61032-4776

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02113

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. & Mrs. James M. Lally

Mailing Address 2496 Sierra Drive

City

Upland

State

CA

Zip Code

91784-1182

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02114

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Ruth A. Lamonica

Mailing Address P.O. Box 1171

City

Minden

State

NV

Zip Code

89423-1171

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02115

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 712 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Terry F. Lamore

Mailing Address 545 Overhill Drive

City

Tryon

State

NC

Zip Code

28782-7723

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02116

Amount of Each Receipt this Period

305.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ray Landes

Mailing Address 28 Crescent Circle

City

Harleysville

State

PA

Zip Code

19438-1070

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02117

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Landis

Mailing Address 254 Hungry Hollow Road

City

Oroville

State

WA

Zip Code

98844-9690

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Disabled

Occupation  
Disabled

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02118

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

515.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 713 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

William C Lane

Mailing Address 40 Hidden Brook Lane

City

Signal Mountain

State

TN

Zip Code

37377-2063

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lane Steel Fab., Inc.

Occupation  
Corp Vp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02119

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles Lang

Mailing Address 235 Galewood Drive

City

Edgewater

State

MD

Zip Code

21037-3436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A.T.&T.

Occupation  
Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02120

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephens J. Lange

Mailing Address 3240 Lake Pointe Blvd.  
Apartment 226

City

Sarasota

State

FL

Zip Code

34231-6948

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02121

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 714 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stephens J. Lange

Mailing Address 3240 Lake Pointe Blvd.  
 Apartment 226

City State Zip Code  
 Sarasota FL 34231-6948

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02122

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Atlas & Judy Langford

Mailing Address 1834 Madison Street  
 Apartment J-69

City State Zip Code  
 Clarksville TN 37043-2947

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02123

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David Langham

Mailing Address 2 St. Paul St. #407

City State Zip Code  
 Brookline MA 02446-6599

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Novartis

Occupation  
Financial Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02124

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 715 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Willard Langhenry

Mailing Address 7323 Centenary

City

Dallas

State

TX

Zip Code

75225-4625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Natioanl Realty Group

Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02125

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph H Langhirt

Mailing Address 2013 West Rogers Avenue

City

Baltimore

State

MD

Zip Code

21209-4550

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dla Piper Lip (Us)

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02126

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Chandos E. Langston, Jr.

Mailing Address 2102 W. Myrtle Drive

City

Chandler

State

AZ

Zip Code

85248-4121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02127

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 716 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Chandos E. Langston, Jr.

Mailing Address 2102 W. Myrtle Drive

City

Chandler

State

AZ

Zip Code

85248-4121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai02128

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Christopher J. Lank

Mailing Address 13669 Coastal Highway

City

Milton

State

DE

Zip Code

19968-3725

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 9

Transaction ID: 2009M04L11ai02129

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Else C. Lappoehn

Mailing Address 3210 S. Sandhill Road  
Unit 238

City

Las Vegas

State

NV

Zip Code

89121-5817

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 9

Transaction ID: 2009M04L11ai02130

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 717 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jeanne A. Lasota

Mailing Address 11 Horseshoe Lane

City

Paoli

State

PA

Zip Code

19301-1935

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02131

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Elwood Lassiter

Mailing Address 700 Park Regency Place N.E.  
Apartment 2303

City

Atlanta

State

GA

Zip Code

30326-1271

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rsui Group, Inc.

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02132

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Evelyn Day Latimer

Mailing Address 3100 N. Leisure World Blvd.  
#222

City

Silver Spring

State

MD

Zip Code

20906-8342

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02133

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 718 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Jeanne Laudick

Mailing Address 436 Heron Cove

City

Fort Collins

State

CO

Zip Code

80524-8601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai02134

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frank T. Lauinger

Mailing Address 5311 Stonegate Road

City

Dallas

State

TX

Zip Code

75209-3517

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Penn Well Corporation

Occupation  
Business Information Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 9

Transaction ID: 2009M04L11ai02135

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Judith L. Lavin

Mailing Address 10 Lake Drive

City

West Greenwich

State

RI

Zip Code

02817-1561

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hi-Tech, Inc.

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 9

Transaction ID: 2009M04L11ai02136

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 719 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gregory B. Lawless

Mailing Address 9681 Wawbeek Road

City

State

Zip Code

Century

FL

32535-2290

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Collins Mabry & Company,  
L.L.C.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02137

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dan Lawrence

Mailing Address 286 Lincoln Drive

City

State

Zip Code

Streetman

TX

75859-3295

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02138

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James R. Lawrence

Mailing Address 2540 Merri Oaks Court

City

State

Zip Code

Cocoa

FL

32926-6315

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rockwellcollins

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02139

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 720 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James R. Lawrence

Mailing Address 2540 Merri Oaks Court

City

Cocoa

State

FL

Zip Code

32926-6315

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rockwellcollins

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02140

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Lawrence

Mailing Address 1800 S. 36Th Street

City

Galesburg

State

MI

Zip Code

49053

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02141

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth M. Lawrence

Mailing Address 214 E. Church Street  
Apartment 2

City

Collinsville

State

IL

Zip Code

62234-2842

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unemployed

Occupation  
Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02142

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 721 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth M. Lawrence

Mailing Address 214 E. Church Street  
 Apartment 2

City State Zip Code  
 Collinsville IL 62234-2842

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unemployed

Occupation  
Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02143

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Connie Lawson

Mailing Address 3891 West County Road 100 S.

City State Zip Code  
 Danville IN 46122-8234

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
State Of Indiana

Occupation  
State Senator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02144

Amount of Each Receipt this Period

355.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William Lay

Mailing Address 1289 Hedge Lane

City State Zip Code  
 Paducah KY 42001-5251

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02145

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

855.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 722 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gregory K. Laycock

Mailing Address 1144 E. Forest Avenue

City

Ypsilanti

State

MI

Zip Code

48198-3910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Washtenaw Community College

Occupation

Scheduling & Database Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02146

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard K. Layman

Mailing Address 10 Windswept Drive

City

Malvern

State

PA

Zip Code

19355-2321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Legg Mason Real Estate Services

Occupation

Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02147

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Jean Layten

Mailing Address 406 W. Main Street

City

Downs

State

IL

Zip Code

61736-9490

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02148

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

1080.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 723 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Nancy M. Lazzara

Mailing Address 2425 Hessing Street

City

River Grove

State

IL

Zip Code

60171-1725

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Amberdeen Wedding Flowers

Occupation

Floral Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02149

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Nancy M. Lazzara

Mailing Address 2425 Hessing Street

City

River Grove

State

IL

Zip Code

60171-1725

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Amberdeen Wedding Flowers

Occupation

Floral Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02150

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Tin Tri Le

Mailing Address 25011 Owens Lake Circle

City

Lake Forest

State

CA

Zip Code

92630-2524

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02151

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 724 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Tin Tri Le

Mailing Address 25011 Owens Lake Circle

City

Lake Forest

State

CA

Zip Code

92630-2524

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02152

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Tin Tri Le

Mailing Address 25011 Owens Lake Circle

City

Lake Forest

State

CA

Zip Code

92630-2524

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02153

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Tin Tri Le

Mailing Address 25011 Owens Lake Circle

City

Lake Forest

State

CA

Zip Code

92630-2524

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02154

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 725 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daniel C. Le Febvre, Sr.

Mailing Address P.O. Box 335

City

Pittsburg

State

NH

Zip Code

03592-0335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai02155

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Daniel C. Le Febvre, Sr.

Mailing Address P.O. Box 335

City

Pittsburg

State

NH

Zip Code

03592-0335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02156

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Burton A. Le Vine

Mailing Address 3390 Don Diablo Drive

City

Carlsbad

State

CA

Zip Code

92010-3914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02157

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 726 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John S. Leake, Us Army

Mailing Address 16017 Kings Mountain Road

City

Woodbridge

State

VA

Zip Code

22191-4531

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Army

Occupation  
Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02158

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Orest Lechnowsky

Mailing Address 4721 E La Mirada Way

City

Phoenix

State

AZ

Zip Code

85044-7527

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jpmorgan Chase Bank, N.A.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02159

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Ingeborg R. Ledergerber

Mailing Address 14248 S.W. 47Th Street

City

Miami

State

FL

Zip Code

33175-4320

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02160

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 727 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 John Ledoux

Mailing Address 1701 Broadway  
 Unit D

City State Zip Code  
 Vancouver WA 98663-3436

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Plexsys Interface Product-  
 s, Inc.

Occupation  
 Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02161

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Clifton S. Lee

Mailing Address 2910 Churchill Drive

City State Zip Code  
 Hillsborough CA 94010-6211

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Neumart Company, L.L.C.

Occupation  
 Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02162

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Edward Gaylord Lee

Mailing Address 15581 Shell Point Blvd.

City State Zip Code  
 Fort Myers FL 33908-1656

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02163

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 728 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Karl O. Lee

Mailing Address 1919 12Th Avenue SE

City

Aberdeen

State

SD

Zip Code

57401-7320

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Karl O. Lee Company

Occupation

Vice President & Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02164

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Karl O. Lee

Mailing Address 1919 12Th Avenue SE

City

Aberdeen

State

SD

Zip Code

57401-7320

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Karl O. Lee Company

Occupation

Vice President & Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02165

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert E. Lee

Mailing Address P.O. Box 40035

City

Tucson

State

AZ

Zip Code

85717-0035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02166

Amount of Each Receipt this Period

450.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 729 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Tai Young Lee

Mailing Address 1430 Joh Ave Ste M.

City

Baltimore

State

MD

Zip Code

21227-1037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
P.T.C. Int'd

Occupation

Economist & Business Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02167

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Lee

Mailing Address 2 Murfield Drive

City

Lincroft

State

NJ

Zip Code

07738-1216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02168

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William Lee

Mailing Address 2 Murfield Drive

City

Lincroft

State

NJ

Zip Code

07738-1216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02169

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 730 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Greg Leffler

Mailing Address 104 Buckingham Circle

City

Charlottesville

State

VA

Zip Code

22903-2908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02170

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Greg Leffler

Mailing Address 104 Buckingham Circle

City

Charlottesville

State

VA

Zip Code

22903-2908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02171

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Glenn P. Lefkovitz

Mailing Address 112 Glenwood Ave

City

Winnetka

State

IL

Zip Code

60093-1509

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Glenn Mgt

Occupation

Mgt Co

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02172

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 731 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lamar S. Lehman

Mailing Address 2461 Pikeside Drive

City

Greencastle

State

PA

Zip Code

17225

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02173

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ernest Lehmann

Mailing Address 798 26Th Avenue

City

San Mateo

State

CA

Zip Code

94403-2635

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02174

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ernest Lehmann

Mailing Address 798 26Th Avenue

City

San Mateo

State

CA

Zip Code

94403-2635

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02175

Amount of Each Receipt this Period

101.00

**SUBTOTAL** of Receipts This Page (optional) .....

451.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 732 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Howard F. Lehnert, Jr.

Mailing Address 145 Masons Crossing Court

City

Severna Park

State

MD

Zip Code

21146-1752

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02176

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Howard F. Lehnert, Jr.

Mailing Address 145 Masons Crossing Court

City

Severna Park

State

MD

Zip Code

21146-1752

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02177

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony J. Leitner

Mailing Address 36 Ridgewood Terrace

City

Maplewood

State

NJ

Zip Code

07040-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A J Leitner and Associates  
Llc

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02178

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 733 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. James Leker

Mailing Address 976 Gondolier Boulevard

City

Gulf Breeze

State

FL

Zip Code

32563-3018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Apollomd

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02179

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Max R. Lemke

Mailing Address 5614 South Jamaica Way

City

Englewood

State

CO

Zip Code

80111-3937

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02180

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. John R. Lemmons

Mailing Address 1973 Rose Valley Road

City

Kelso

State

WA

Zip Code

98626-9672

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Fibre Products,  
Inc

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02181

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 734 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mrs. Laura Jane Lencioni

Mailing Address 11 Gary Way

City State Zip Code  
 Alamo CA 94507-2429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02182

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Patrick Lencioni

Mailing Address 11 Gary Way

City State Zip Code  
 Alamo CA 94507-2429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 The Table Group

Occupation  
 Consultant/Author

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02183

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Patrick Lencioni

Mailing Address 11 Gary Way

City State Zip Code  
 Alamo CA 94507-2429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 The Table Group

Occupation  
 Consultant/Author

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02184

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 735 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Patricia Perkins Leone

Mailing Address 90 Queens Court

City

Atherton

State

CA

Zip Code

94027-5409

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02185

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Timothy W. Lepczyk

Mailing Address 22 Highview Road

City

Madison

State

CT

Zip Code

06443-2554

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Lic

Occupation

Management Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02186

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul Lesutis

Mailing Address 7 Chaville Way

City

Wilmington

State

DE

Zip Code

19807-1422

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Brandywine Global Investm-  
ent Mgmt.

Occupation

Investment Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02187

Amount of Each Receipt this Period

330.00

**SUBTOTAL** of Receipts This Page (optional) .....

5430.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 736 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jane Lethco

Mailing Address 323 Mount Drive

City

Sevierville

State

TN

Zip Code

37876-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
I. R. S.

Occupation

Federal Employee

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02188

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jane Lethco

Mailing Address 323 Mount Drive

City

Sevierville

State

TN

Zip Code

37876-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
I. R. S.

Occupation

Federal Employee

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02189

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Marie Lett

Mailing Address 3940 Lett Lane

City

Burleson

State

TX

Zip Code

76028-1742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02190

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 737 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Alex S. Levay

Mailing Address 366 High Plain Road

City

Andover

State

MA

Zip Code

01810-3295

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02191

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bernard F Lewis

Mailing Address 1401 Park Avenue

City

Bay City

State

MI

Zip Code

48708-5530

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02192

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Blane Benjamin Lewis

Mailing Address 13217 Amblewood Drive

City

Manassas

State

VA

Zip Code

20112-7817

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Government

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02193

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 738 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles H. Lewis, III

Mailing Address P.O. Box 70

City

Gloster

State

MS

Zip Code

39638-0070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02194

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald S. Lewis, Jr.

Mailing Address 708 Cavalier Drive

City

Virginia Beach

State

VA

Zip Code

23451-3838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02195

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald S. Lewis, Jr.

Mailing Address 708 Cavalier Drive

City

Virginia Beach

State

VA

Zip Code

23451-3838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02196

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

635.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 739 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Elsie Y. Lewis

Mailing Address 607 Poia Road

City

Sewickley

State

PA

Zip Code

15143-1046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02197

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eugene B. Lewis

Mailing Address 4428 W. Laurie Lane

City

Glendale

State

AZ

Zip Code

85302-6623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02198

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Fred Lewis

Mailing Address 13700 Lynhurst Drive

City

Woodbridge

State

VA

Zip Code

22193-4333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Vienna Virginia Police De-  
partment

Occupation

Police Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02199

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 740 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Fred Lewis

Mailing Address 13700 Lynhurst Drive

City

Woodbridge

State

VA

Zip Code

22193-4333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Vienna Virginia Police De-  
partment

Occupation

Police Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02200

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Margery C. Lewis

Mailing Address 2464 Bayshore Drive

City

Newport Beach

State

CA

Zip Code

92663-5605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02201

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul Jay Lewis

Mailing Address 309 West 43Rd Street  
Suite 105

City

Sioux Falls

State

SD

Zip Code

57105-6805

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PAL Inc

Occupation

Real Estate Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02202

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 741 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert L. Lewis

Mailing Address 4312 S. 31st Street  
 Apartment 105

City State Zip Code  
 Temple TX 76502-3360

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02203

Amount of Each Receipt this Period

201.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas D. Lewis

Mailing Address 33 San Ysidro Court

City State Zip Code  
 Danville CA 94526-1545

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N. T. L.

Occupation  
General Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02204

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. H. William Lichtenberger

Mailing Address 508 N.W. Winters Creek Road

City State Zip Code  
 Palm City FL 34990-3831

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02205

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

**3201.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 742 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Jim Liebe

Mailing Address 582 Goddard Ave

City

Chesterfield

State

MO

Zip Code

63005-1109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
R. J. Liebe Athletic Lett-  
ering

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02206

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. A. C. Lilly

Mailing Address 9641 Waterfowl Flyway

City

Chesterfield

State

VA

Zip Code

23838-8905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02207

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Phillip Lindau

Mailing Address 12720 31st Avenue N.

City

Plymouth

State

MN

Zip Code

55441-2868

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Commodity Specialists Com-  
pany

Occupation  
Owner/Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02208

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 743 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Louis B. Lindsey

Mailing Address 3825 324Th Avenue S.E.

City

State

Zip Code

Fall City

WA

98024-7713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02209

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Roberta Jean Linn

Mailing Address Pop Box 945

City

State

Zip Code

Fort Sumner

NM

88119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Linn Farms

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02210

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Corey Linquist

Mailing Address 2521 Clarksville Road

City

State

Zip Code

Rescue

CA

95672-9606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Metropcs

Occupation  
Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02211

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 744 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Clare Macaulay Lintereur

Mailing Address 25512 Magnolia Ln.

City

Stevenson Ranch

State

CA

Zip Code

91381-1843

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Clare Macaulay D.D.S.

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02212

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Samuel L. Lionberger, Jr.

Mailing Address 55 Harbour View Circle

City

Penhook

State

VA

Zip Code

24137-5091

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lionberger Construction  
Co.

Occupation  
General Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02213

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Walter C. Lips

Mailing Address 6540 White Rock Road

City

Clifton

State

VA

Zip Code

20124-1410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Department Of Energy

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02214

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 745 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Harvey I. Lipschultz

Mailing Address 2339 Jupiter Drive

City

Los Angeles

State

CA

Zip Code

90046-2025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02215

Amount of Each Receipt this Period

280.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark A. List

Mailing Address 61148 Prescott Trail

City

Joshua Tree

State

CA

Zip Code

92252-2714

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United States Marine Corps

Occupation  
U.S. Marine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02216

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dennis R. Little

Mailing Address 11410 Longwater Chase Court

City

Fort Myers

State

FL

Zip Code

33908-4924

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02217

Amount of Each Receipt this Period

180.00

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 746 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Tracy Little

Mailing Address 300 W. 1st Street

City

Alice

State

TX

Zip Code

78332

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Energy Dynamics Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02218

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Leonard Litwin

Mailing Address 18 Broadlawn Avenue

City

Great Neck

State

NY

Zip Code

11024-1537

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02219

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Don Lloyd

Mailing Address 127 Bobcat Trail

City

Eatonton

State

GA

Zip Code

31024-7505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02220

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 747 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Jim F. Lloyd

Mailing Address 2308 Matador Circle

City

Austin

State

TX

Zip Code

78746-2321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02221

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mario G Loaiza

Mailing Address 6331 Sedgewyck Circle West

City

Davie

State

FL

Zip Code

33331-3457

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Security Consultant -Veteran

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02222

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael R. Lobis

Mailing Address 989 Baneswood Drive

City

Kennett Square

State

PA

Zip Code

19348-2551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Brandywine Urology Consul-  
tants

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02223

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 748 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. George A. Lock

Mailing Address 211 Diamond Springs

City State Zip Code  
**Houston TX 77077**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Exxon Mobil Research

Occupation  
Vice President Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 0 9 / 2 0 0 9**

Transaction ID: 2009M04L11ai02224

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Betty W. Locke

Mailing Address P.O. Box 1012

City State Zip Code  
**Fallbrook CA 92088-1012**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Whole Sale Business

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

Transaction ID: 2009M04L11ai02225

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Richard & Sandra Loeding

Mailing Address 1217 Peninsula Drive

City State Zip Code  
**Traverse City MI 49686-2856**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 3 1 / 2 0 0 9**

Transaction ID: 2009M04L11ai02226

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

**460.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 749 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Anne Jordan Logan

Mailing Address 3814 Potomac Avenue

City

Dallas

State

TX

Zip Code

75205-2115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Intercity Investments

Occupation

Real Estate Develop.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02227

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Linda A. Lonano

Mailing Address 8472 159Th Court N.

City

Palm Beach Gardens

State

FL

Zip Code

33418-1879

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02228

Amount of Each Receipt this Period

210.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Linda A. Lonano

Mailing Address 8472 159Th Court N.

City

Palm Beach Gardens

State

FL

Zip Code

33418-1879

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02229

Amount of Each Receipt this Period

105.00

**SUBTOTAL** of Receipts This Page (optional) .....

5315.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 750 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Leroy E. Long

Mailing Address 528 Tower Road

City

Sellersville

State

PA

Zip Code

18960-3130

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02230

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark Loos

Mailing Address 361 Saint Andrews Lane

City

Half Moon Bay

State

CA

Zip Code

94019-2226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
C.U.S.D.

Occupation  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02231

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Barry L. Loose

Mailing Address 375 Lake St

City

Ephrata

State

PA

Zip Code

17522-2456

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
QBC

Occupation  
Warehouse Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02232

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 751 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Alice W. Lorillard

Mailing Address P. O. Box 219

City

Far Hills

State

NJ

Zip Code

07931-0219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02233

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Alice W. Lorillard

Mailing Address P. O. Box 219

City

Far Hills

State

NJ

Zip Code

07931-0219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02234

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Coral S. Losh

Mailing Address 181 Huntington Parkway

City

Aberdeen

State

OH

Zip Code

45101-9719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02235

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 752 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stephen H. Louden

Mailing Address 285 Indian Creek Loop

City

Kerrville

State

TX

Zip Code

78028-1758

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02236

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Edward Alexander Louis

Mailing Address 645 N. Wren Avenue

City

Palatine

State

IL

Zip Code

60067-3544

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02237

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gilbert Louzoun

Mailing Address 35 Greenleaf Hill

City

Great Neck

State

NY

Zip Code

11023-1809

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Queensboro Toyota

Occupation

Auto Dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02238

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 753 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Love

Mailing Address 14115 Saint Marys Lane

City

Houston

State

TX

Zip Code

77079-3212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02239

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Love

Mailing Address 14115 Saint Marys Lane

City

Houston

State

TX

Zip Code

77079-3212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02240

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steven C. Love

Mailing Address P.O. Box 260

City

Healy

State

AK

Zip Code

99743-0260

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02241

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 754 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steven C. Love

Mailing Address P.O. Box 260

City  
**Healy**

State  
**AK**

Zip Code  
**99743-0260**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 12 / 2009**

**Transaction ID: 2009M04L11ai02242**

Amount of Each Receipt this Period

**50.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steven C. Love

Mailing Address P.O. Box 260

City  
**Healy**

State  
**AK**

Zip Code  
**99743-0260**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 23 / 2009**

**Transaction ID: 2009M04L11ai02243**

Amount of Each Receipt this Period

**50.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jesse W. Lovelace

Mailing Address 569 Lexington Circle

City  
**Memphis**

State  
**TN**

Zip Code  
**38120-2727**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 10 / 2009**

**Transaction ID: 2009M04L11ai02244**

Amount of Each Receipt this Period

**250.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**350.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 755 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert D. Lowe

Mailing Address 1313 W. St. Amry Blvd.

City

Lafayette

State

LA

Zip Code

70506-3604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02245

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert D. Lowe

Mailing Address 1313 W. St. Amry Blvd.

City

Lafayette

State

LA

Zip Code

70506-3604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02246

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mort Lowenthal

Mailing Address 72 Windward Lane

City

Stamford

State

CT

Zip Code

06903-3710

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02247

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 756 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jim Lowrey

Mailing Address 5518 Sauve Lane

City

Houston

State

TX

Zip Code

77056-1214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02248

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Gladys A. Lowrie

Mailing Address 17 N.E. 68Th Avenue

City

Portland

State

OR

Zip Code

97213-5601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02249

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Gladys A. Lowrie

Mailing Address 17 N.E. 68Th Avenue

City

Portland

State

OR

Zip Code

97213-5601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02250

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

465.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 757 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Gladys A. Lowrie

Mailing Address 17 N.E. 68Th Avenue

City

Portland

State

OR

Zip Code

97213-5601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02251

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Buzz Loyd

Mailing Address 493 Windwood On Skye

City

Fayetteville

State

NC

Zip Code

28303-4776

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02252

Amount of Each Receipt this Period

330.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Lucas

Mailing Address 8 Olive Circle

City

Clinton

State

IL

Zip Code

61727-2439

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Exelon

Occupation  
Senior Reactor Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02253

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

620.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 758 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

John Lucas, Sr.

Mailing Address 5453 Woodford Drive

City

Birmingham

State

AL

Zip Code

35242

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lucas Llc

Occupation

Small Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02254

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Patricia P. Lufkin

Mailing Address P.O. Box 1470

City

Saratoga

State

WY

Zip Code

82331-1470

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02255

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Allan W. Lund

Mailing Address 15025 W. Beckwith Road

City

Hayward

State

WI

Zip Code

54843-2004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02256

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 759 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code  
 Sand Springs OK 74063-8149

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Warehouse Market

Occupation  
 Carry Out

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02257

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)  
 Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code  
 Sand Springs OK 74063-8149

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Warehouse Market

Occupation  
 Carry Out

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02258

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
 Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code  
 Sand Springs OK 74063-8149

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Warehouse Market

Occupation  
 Carry Out

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02259

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

35.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 760 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code  
 Sand Springs OK 74063-8149

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Warehouse Market

Occupation  
 Carry Out

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02260

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)  
 Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code  
 Sand Springs OK 74063-8149

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Warehouse Market

Occupation  
 Carry Out

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02261

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
 Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code  
 Sand Springs OK 74063-8149

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Warehouse Market

Occupation  
 Carry Out

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02262

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

35.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 761 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code  
**Sand Springs OK 74063-8149**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Warehouse Market

Occupation  
Carry Out

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 6 / 2 0 0 9**

**Transaction ID: 2009M04L11ai02263**

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code  
**Sand Springs OK 74063-8149**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Warehouse Market

Occupation  
Carry Out

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 6 / 2 0 0 9**

**Transaction ID: 2009M04L11ai02264**

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code  
**Sand Springs OK 74063-8149**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Warehouse Market

Occupation  
Carry Out

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 6 / 2 0 0 9**

**Transaction ID: 2009M04L11ai02265**

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

**35.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 762 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code  
**Sand Springs OK 74063-8149**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Warehouse Market

Occupation  
Carry Out

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 9 / 2 0 0 9**

**Transaction ID: 2009M04L11ai02266**

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code  
**Sand Springs OK 74063-8149**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Warehouse Market

Occupation  
Carry Out

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

**Transaction ID: 2009M04L11ai02267**

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code  
**Sand Springs OK 74063-8149**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Warehouse Market

Occupation  
Carry Out

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

**Transaction ID: 2009M04L11ai02268**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 763 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code  
**Sand Springs OK 74063-8149**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Warehouse Market

Occupation  
Carry Out

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

**Transaction ID: 2009M04L11ai02269**

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code  
**Sand Springs OK 74063-8149**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Warehouse Market

Occupation  
Carry Out

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

**Transaction ID: 2009M04L11ai02270**

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code  
**Sand Springs OK 74063-8149**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Warehouse Market

Occupation  
Carry Out

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

**Transaction ID: 2009M04L11ai02271**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 764 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code  
**Sand Springs OK 74063-8149**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Warehouse Market

Occupation  
Carry Out

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

**Transaction ID: 2009M04L11ai02272**

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code  
**Sand Springs OK 74063-8149**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Warehouse Market

Occupation  
Carry Out

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

**Transaction ID: 2009M04L11ai02273**

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code  
**Sand Springs OK 74063-8149**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Warehouse Market

Occupation  
Carry Out

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

**Transaction ID: 2009M04L11ai02274**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

**30.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 765 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221st West Avenue

City

Sand Springs

State

OK

Zip Code

74063-8149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Warehouse Market

Occupation  
Carry Out

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02275

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221st West Avenue

City

Sand Springs

State

OK

Zip Code

74063-8149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Warehouse Market

Occupation  
Carry Out

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02276

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. David S. Lusby

Mailing Address 1937 S. Abrego Drive

City

Green Valley

State

AZ

Zip Code

85614-1403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newell Recycling, L.L.C.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02277

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 766 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms Sue L. Luster

Mailing Address 3238 History Drive

City

Oakton

State

VA

Zip Code

22124-2209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Home Health Options Group

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02278

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Sue L. Luster

Mailing Address 3238 History Drive

City

Oakton

State

VA

Zip Code

22124-2209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Home Health Options Group

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02279

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Sue L. Luster

Mailing Address 3238 History Drive

City

Oakton

State

VA

Zip Code

22124-2209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Home Health Options Group

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02280

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 767 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Walter C Luther, Jr.

Mailing Address 4488 Jessup Rd.

City

Cincinnati

State

OH

Zip Code

45247-6048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jacobs

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02281

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Daniel R. Lyle

Mailing Address 7341 Almaden Lane

City

Carlsbad

State

CA

Zip Code

92009-6902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02282

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lanny G. Lyle

Mailing Address 14770 Eagle Ridge Drive

City

Forest Ranch

State

CA

Zip Code

95942-9701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02283

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 768 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert W. Lyle

Mailing Address 156 Valhalla Road

City

Cordele

State

GA

Zip Code

31015-9364

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Conart, Inc.

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02284

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Florence Lyman

Mailing Address 300 Remington Street  
Apartment 316

City

Fort Collins

State

CO

Zip Code

80524-2840

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02285

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Lynch

Mailing Address 1 Signal Ridge Way

City

East Greenwich

State

RI

Zip Code

02818-1649

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dans Management Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02286

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 769 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Larry Lynch

Mailing Address 1150 Kentucky Greens Way

City

Newcastle

State

CA

Zip Code

95658-9798

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02287

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Nancy E. Lyons

Mailing Address 580 Piedmont Street

City

Wilmington

State

OH

Zip Code

45177-2521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02288

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Nancy E. Lyons

Mailing Address 580 Piedmont Street

City

Wilmington

State

OH

Zip Code

45177-2521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02289

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 770 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James M. Lysaght

Mailing Address P.O. Box 1697

City

Mineola

State

NY

Zip Code

11501-0904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation

Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02290

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Sonja J. Maas

Mailing Address N28 W22312 Foxwood Lane

City

Waukesha

State

WI

Zip Code

53186-8858

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02291

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ron C Mabee

Mailing Address P.O. Box 40370

City

Houston

State

TX

Zip Code

77240-0370

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation

Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02292

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 771 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. William Mac Kinnon

Mailing Address 5460 28 Mile Road

City

Washington

State

MI

Zip Code

48094-1200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.L.C.

Occupation

Engineering Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai02293

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Sarah-Jane Jane Macauley

Mailing Address 307 Walnut Street

City

Jackson

State

CA

Zip Code

95642-2237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation

Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 9

Transaction ID: 2009M04L11ai02294

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sarah-Jane Jane Macauley

Mailing Address 307 Walnut Street

City

Jackson

State

CA

Zip Code

95642-2237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation

Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 9

Transaction ID: 2009M04L11ai02295

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 772 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Colonel Michael Machac, Jr.

Mailing Address 718 Habhegger Avenue

City

Sparta

State

WI

Zip Code

54656-1318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02296

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

David Mack

Mailing Address 30661 Sweetridge Cir

City

Boerne

State

TX

Zip Code

78015-4212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mpc Contracting

Occupation  
Building Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02297

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert B. Mack

Mailing Address 25 Mosswood Road

City

Hillsborough

State

CA

Zip Code

94010-6717

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unemployed

Occupation  
Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02298

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 773 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert B. Mack

Mailing Address 25 Mosswood Road

City

Hillsborough

State

CA

Zip Code

94010-6717

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02299

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William H. Mackey

Mailing Address 9865 Sago Point Drive

City

Largo

State

FL

Zip Code

33777-4905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02300

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Macoy, Jr.

Mailing Address 9027 Stonecrest Way

City

Littleton

State

CO

Zip Code

80129-1516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02301

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 774 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jay M. Madara

Mailing Address 135 Patriots Ridge Drive

City

Woodbury

State

NJ

Zip Code

08096

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Comcast Corporation

Occupation

C.P.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02302

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jason Madden

Mailing Address 144 Granbury Lane

City

Columbia

State

SC

Zip Code

29229-7556

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Target Corporation

Occupation

District Team Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02303

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Crawford Madeira, Jr.

Mailing Address 414 Old Lancaster Road  
Apartment 403

City

Haverford

State

PA

Zip Code

19041-1573

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02304

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 775 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Abraham S. Maeck

Mailing Address 5644 Westheimer Rd. #300

City State Zip Code  
**Houston TX 77056**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 1 8 / 2 0 0 9**

Transaction ID: 2009M04L11ai02305

Amount of Each Receipt this Period

325.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George A. Magan

Mailing Address 45 Stephen Street

City State Zip Code  
**New Bedford MA 02740-1223**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 1 1 / 2 0 0 9**

Transaction ID: 2009M04L11ai02306

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George A. Magan

Mailing Address 45 Stephen Street

City State Zip Code  
**New Bedford MA 02740-1223**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 2 5 / 2 0 0 9**

Transaction ID: 2009M04L11ai02307

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

**625.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 776 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Charles Maggiore

Mailing Address 2225 Meadow Ridge Lane

City

Virginia Beach

State

VA

Zip Code

23456-1398

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02308

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Magliacano

Mailing Address 206 Poinier Street

City

Newark

State

NJ

Zip Code

07114-2407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
C&J Towing Service

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02309

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Matthew J. Magnino

Mailing Address 26721 Elkhorn Oaks Circle

City

Arlington

State

NE

Zip Code

68002-3091

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02310

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 777 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Frederic & Laura Maguire

Mailing Address 1055 Denton Hollow Road

City

West Chester

State

PA

Zip Code

19382-7026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maguire Products

Occupation

Plant Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02311

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Billy C. Maher

Mailing Address 3899 Green Valley Road

City

Fairfield

State

CA

Zip Code

94534-1471

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02312

Amount of Each Receipt this Period

270.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Heidi Mahmood

Mailing Address 4515 Roxbury Road

City

Corona Del Mar

State

CA

Zip Code

92625-3126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02313

Amount of Each Receipt this Period

310.00

**SUBTOTAL** of Receipts This Page (optional) .....

830.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 778 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John Mahn

Mailing Address P.O. Box 150

City

Aurora

State

IN

Zip Code

47001-0150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CeoOccupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02314

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. &amp; Mrs. R. A. Mahony

Mailing Address 670 Lake Drive

City

Vero Beach

State

FL

Zip Code

32963-2165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02315

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jack L. Mahurin

Mailing Address 433 Ward Parkway  
Apartment 5E

City

Kansas City

State

MO

Zip Code

64112-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02316

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional) .....

725.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 779 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ken Maily

Mailing Address 68 Seneca Trl

City

Wayne

State

NJ

Zip Code

07470-4427

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Maily & Inglett Consulti-  
ng, L

Occupation

Physical Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02317

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gregory M. Majewski

Mailing Address 4274 Oak Knoll Lane

City

Hoffman Estates

State

IL

Zip Code

60192-5607

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wildcat

Occupation

Self Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02318

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William Davis Majure

Mailing Address 121 Booth Circle

City

Ocean Springs

State

MS

Zip Code

39564-8505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02319

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 780 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Philip E. Malberg

Mailing Address 512 Cherry Gulch Road

City

Durango

State

CO

Zip Code

81301-6470

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02320

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Philip E. Malberg

Mailing Address 512 Cherry Gulch Road

City

Durango

State

CO

Zip Code

81301-6470

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02321

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary J. Malevich

Mailing Address 9812 Cupola Lane

City

Eden Prairie

State

MN

Zip Code

55347-3623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1855.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02322

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 781 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary J. Malevich

Mailing Address 9812 Cupola Lane

City

Eden Prairie

State

MN

Zip Code

55347-3623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1855.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02323

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Harold E. Malion, Jr.

Mailing Address P.O. Box 218

City

Fairmont

State

NC

Zip Code

28340-0218

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02324

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Eugene E. Mallette

Mailing Address 8401 Hialeah Way

City

Fair Oaks

State

CA

Zip Code

95628-2608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02325

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 782 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dudley D. Malone

Mailing Address 2417 Wulfert Road

City

Sanibel

State

FL

Zip Code

33957-2201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02326

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert E. Malone

Mailing Address 18721 E. Buckskin Drive

City

Rio Verde

State

AZ

Zip Code

85263-7164

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02327

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. David C. Malpass

Mailing Address 21330 N. Coburg Road

City

Harrisburg

State

OR

Zip Code

97446-9747

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02328

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 783 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Laureano E. Manalo, II

Mailing Address 1743 Scarlett Drive

City

Pittsburgh

State

PA

Zip Code

15241

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Larry E. Manalos Dds

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02329

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles G. Mander

Mailing Address 24 Wilcox Place

City

Fair Lawn

State

NJ

Zip Code

07410-5516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N.Y. City Transit Authority

Occupation  
Civil Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02330

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard T. Mandeville

Mailing Address 500 Linda Vista Avenue

City

Pasadena

State

CA

Zip Code

91105-1121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02331

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

610.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 784 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard Manley

Mailing Address 3201 Crenshaw St.

City

Longview

State

TX

Zip Code

75605-2520

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02332

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Jay Mann

Mailing Address 14201 Grand Street

City

Wichita

State

KS

Zip Code

67230-9742

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wichita Child Guidance Ce-  
nter

Occupation  
Psychologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02333

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dwight Mansfield

Mailing Address 17 Plaza Baja Del Sol

City

San Juan Capistran

State

CA

Zip Code

92675-1705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02334

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 785 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Carol Manubay

Mailing Address 85 Caravel Drive

City

Bear

State

DE

Zip Code

19701-1651

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Caravel Academy

Occupation

Finance Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02335

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jacqueline R. Manzi

Mailing Address 104 Pineburr Road

City

Greensboro

State

NC

Zip Code

27455-1723

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02336

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Jacqueline R. Manzi

Mailing Address 104 Pineburr Road

City

Greensboro

State

NC

Zip Code

27455-1723

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02337

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 786 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James E. Marchessault

Mailing Address 3218 Butternut Circle N.W.

City

Prior Lake

State

MN

Zip Code

55372-2304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
B.C.S.I.

Occupation

C.E.O. Printer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02338

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph F. Marcogliese

Mailing Address 241 Kitchawan Road

City

South Salem

State

NY

Zip Code

10590-2017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02339

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ann H. Marcus

Mailing Address 117 N. Monarch Street #1

City

Aspen

State

CO

Zip Code

81611-1448

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02340

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 787 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David H. Mardigian

Mailing Address 35980 Woodward Avenue  
Suite 110

City State Zip Code  
Bloomfield Hills MI 48304-0933

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mcm Management

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02341

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Maresh

Mailing Address 264 Hollywood Boulevard

City State Zip Code  
Metairie LA 70005-3920

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tulane University Medical

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai02342

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Greg P. Margolis

Mailing Address 17819 Davenport Rd  
Suite 210

City State Zip Code  
Dallas TX 75252-5894

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hometronics

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02343

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 788 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard P. Marinelli

Mailing Address 1266 Knollwood Drive

City

West Chester

State

PA

Zip Code

19380-3946

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02344

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Dennis N. Marks

Mailing Address 1800 Jeffrey Lane

City

Carmichael

State

CA

Zip Code

95608-5761

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02345

Amount of Each Receipt this Period

550.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Terry Maroney

Mailing Address 10 Town & Country Drive

City

Danville

State

CA

Zip Code

94526-3722

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02346

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Wayne R. Marpe

Mailing Address 2420 W. Rainwater Court

City

Meridian

State

ID

Zip Code

83646-1289

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02347

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John A. Marrella

Mailing Address P.O. Box 827

City

New Haven

State

CT

Zip Code

06504-0827

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Town of Woodbridge, CT.

Occupation  
Elected Official

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02348

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Chuck Marsden

Mailing Address 6261 Hill Avenue

City

Whittier

State

CA

Zip Code

90601-3829

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02349

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 790 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms Donna Marsh

Mailing Address 2018 E. Deerwood Drive

City

Richmond

State

TX

Zip Code

77406-9655

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Vinson & Elkins

Occupation  
Paralegal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02350

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Julie Marsland

Mailing Address 3240 Falling Leaf Road

City

Show Low

State

AZ

Zip Code

85901-2886

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02351

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Christopher Martin

Mailing Address 1578 Horseshoe Drive

City

Manasquan

State

NJ

Zip Code

08736-2704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Provident Bank

Occupation  
Bank President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02352

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 791 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frank E Martin

Mailing Address 3030 S. Highland

City

Las Vegas

State

NV

Zip Code

89109-1047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Martin Harris Construction

Occupation

President/Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02353

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James E. Martin

Mailing Address 4343 Lebanon Pike  
Apartment T1518

City

Hermitage

State

TN

Zip Code

37076-1441

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02354

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John M. Martin

Mailing Address P.O. Box 565066

City

Dallas

State

TX

Zip Code

75356-5066

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Art Dallas Incorporated

Occupation

C.E.O./ V.P. Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02355

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 792 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Nancy Martin

Mailing Address 2306 Twin Lakes Circle  
Dr. Bobby Graham Jr.

City State Zip Code  
Jackson MS 39211-6757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mississippi State Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02356

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul R. Martin

Mailing Address 11734 2nd Avenue NW

City State Zip Code  
Seattle WA 98177-4506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02357

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William F. Martin

Mailing Address 835 Tropical Circle

City State Zip Code  
Sarasota FL 34242-1440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chateau Products, Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02358

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Sergio O. Martinez

Mailing Address 27 Cortez Avenue

City

Rancho Viejo

State

TX

Zip Code

78575-9629

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02359

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Marx

Mailing Address 59 Damonte Ranch Parkway  
#B250

City

Reno

State

NV

Zip Code

89521-1907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02360

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Masessa

Mailing Address 22 Bentley Drive

City

Franklin Lakes

State

NJ

Zip Code

07417-1939

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02361

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 794 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Masessa

Mailing Address 22 Bentley Drive

City

Franklin Lakes

State

NJ

Zip Code

07417-1939

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02362

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Alberta Mason

Mailing Address 3352 Ocean Drive

City

Corpus Christi

State

TX

Zip Code

78411-1457

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02363

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Frances H. Mason

Mailing Address 2609 Honolulu Avenue  
Suite 100

City

Montrose

State

CA

Zip Code

91020-1734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02364

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 795 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lowell B. Mason, Jr.

Mailing Address 4141 Lake Terrace Drive

City

Kalamazoo

State

MI

Zip Code

49008-2511

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02365

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William S. Mason

Mailing Address P.O. Box 1609

City

Ozona

State

TX

Zip Code

76943

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02366

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Patrick O Mathes

Mailing Address 120 Sprin Dale Dr.

City

Terry

State

MS

Zip Code

39170-7107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ryan Energy

Occupation  
Directional Driller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02367

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 796 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Errol J. Mathieu

Mailing Address 241 N. Goldenspur Way

City

Orange

State

CA

Zip Code

92869-4429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02368

Amount of Each Receipt this Period

205.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Harry Mattei

Mailing Address 3804 Warren Court

City

Mobile

State

AL

Zip Code

36608-1820

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Thames And Batre

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02369

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. S K Matter Jr

Mailing Address 271 Torpoint Gate Rd

City

Longwood

State

FL

Zip Code

32779

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
At&T

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02370

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

705.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 797 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Raymond D. Mattheis

Mailing Address 170 55Th Avenue N.W.

City

Hazen

State

ND

Zip Code

58545-9400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02371

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert W. Matthews

Mailing Address 3647 Arcadian Drive

City

Castro Valley

State

CA

Zip Code

94546-1113

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02372

Amount of Each Receipt this Period

202.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Verna D. Mattox

Mailing Address 200 Paris Lane  
Apartment 218

City

Newport Beach

State

CA

Zip Code

92663-1602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02373

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

552.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 798 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Joel L. Mattsson

Mailing Address 14155 Pepin Place

City

Carmel

State

IN

Zip Code

46032-9251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai02374

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. M. Raymond Matuza

Mailing Address 181 Inlet Drive

City

Saint Augustine

State

FL

Zip Code

32080-5836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02375

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Dr. &amp; Mrs. Robert Maurer

Mailing Address 13664 Treasure Trail Drive

City

San Antonio

State

TX

Zip Code

78232-3500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02376

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

1850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 799 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Charles May

Mailing Address 1561 Briardale Drive

City

Lucas

State

TX

Zip Code

75002-7690

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Boeing

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02377

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Leon May

Mailing Address 230 Ensworth Place

City

Nashville

State

TN

Zip Code

37205-1922

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02378

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael B. May

Mailing Address 3304 Rhodes Avenue  
Apartment 128

City

New Boston

State

OH

Zip Code

45662-4914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02379

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 800 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael B. May

Mailing Address 3304 Rhodes Avenue  
 Apartment 128

City State Zip Code  
 New Boston OH 45662-4914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02380

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael B. May

Mailing Address 3304 Rhodes Avenue  
 Apartment 128

City State Zip Code  
 New Boston OH 45662-4914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02381

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael B. May

Mailing Address 3304 Rhodes Avenue  
 Apartment 128

City State Zip Code  
 New Boston OH 45662-4914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02382

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 801 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. George L. Mayer

Mailing Address 2 Andrews Road

City

Essex

State

CT

Zip Code

06426-1311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Manhattan Realty Group

Occupation

Real Estate Investment

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02383

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gerald J. Mayer

Mailing Address P.O. Box 9412

City

Toledo

State

OH

Zip Code

43697-9412

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02384

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles Mazander

Mailing Address P.O. Box 945

City

Benton

State

AR

Zip Code

72018-0945

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02385

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 802 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James A. Mazzei

Mailing Address 5421 Oak Forest Lane

City

Tulsa

State

OK

Zip Code

74131-3462

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Aerospace Corporation

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02386

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James A. Mazzei

Mailing Address 5421 Oak Forest Lane

City

Tulsa

State

OK

Zip Code

74131-3462

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Aerospace Corporation

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02387

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric Mc Afee

Mailing Address 10600 N De Anza Blvd

City

Cupertino

State

CA

Zip Code

95014-2000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mc Afee Capital, LLC

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02388

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 803 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Patrick J. Mc Aleese

Mailing Address 3276 Bellavista Lane

City

Las Vegas

State

NV

Zip Code

89122-3316

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Culver City Composite

Occupation  
Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02389

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David S. Mc Burnett

Mailing Address 401 Isom Road  
Suite 100

City

San Antonio

State

TX

Zip Code

78216-5151

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02390

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Patricia Mc Call

Mailing Address 2310B Nantucket Drive

City

Houston

State

TX

Zip Code

77057-2957

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
P.M.C.C. & H. Ltd.

Occupation  
Jolamteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02391

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 804 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mrs. Kathleen Mc Caslin

Mailing Address 541 E. Erie Street  
 Unit 201

City State Zip Code  
 Milwaukee WI 53202-6235

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02392

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. & Mrs. Sam W. Mc Cleskey

Mailing Address 265 Lakeview Beach Drive

City State Zip Code  
 Miramar Beach FL 32550-4192

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02393

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. John Luke Mc Conn

Mailing Address 301 Sage

City State Zip Code  
 Houston TX 77056

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Sage Refined Products

Occupation  
 Oil Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02394

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 805 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Penny J. Mc Connell

Mailing Address 1442 5Th Avenue

City

Redlands

State

CA

Zip Code

92374-5443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Redlands Unified School  
District

Occupation

Account Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02395

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Howard R. Mc Cord

Mailing Address 203 Sea Oats Drive  
Apartment H.

City

Juno Beach

State

FL

Zip Code

33408-1453

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02396

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Neil G. Mc Cormick

Mailing Address 18580 Rivercliff Drive

City

Cleveland

State

OH

Zip Code

44126-1740

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02397

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 806 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Miss Richerlee Beth Mc Cormick

Mailing Address 1819 N.E. Hancock Street

City

Portland

State

OR

Zip Code

97212-4541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai02398

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Karl Mc Cowen

Mailing Address 7702 Goodman Drive N.W.

City

Gig Harbor

State

WA

Zip Code

98332-9557

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 9

Transaction ID: 2009M04L11ai02399

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sheila J. Mc Coy

Mailing Address P.O. Box 1675

City

Lexington

State

KY

Zip Code

40588-1675

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sheila A. Johnson, Inc.

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 9

Transaction ID: 2009M04L11ai02400

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 807 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Dino E.P. Mc Curdy

Mailing Address 801 Yale Avenue  
The Strath Haven #802

City State Zip Code  
**Swarthmore PA 19081-1816**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 1 6 / 2 0 0 9**

**Transaction ID: 2009M04L11ai02401**

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Dino E.P. Mc Curdy

Mailing Address 801 Yale Avenue  
The Strath Haven #802

City State Zip Code  
**Swarthmore PA 19081-1816**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 1 8 / 2 0 0 9**

**Transaction ID: 2009M04L11ai02402**

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Dino E.P. Mc Curdy

Mailing Address 801 Yale Avenue  
The Strath Haven #802

City State Zip Code  
**Swarthmore PA 19081-1816**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

**Transaction ID: 2009M04L11ai02403**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 808 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Larry W. Mc Curdy

Mailing Address 116 Randi Drive

City

Madison

State

CT

Zip Code

06443-2462

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02404

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lonnie Mc Curry

Mailing Address 721 S. Ammerman Avenue

City

Eastland

State

TX

Zip Code

76448-3201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02405

Amount of Each Receipt this Period

130.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lowell Mc Cuskey

Mailing Address P.O. Box 800

City

Linn

State

MO

Zip Code

65051-0800

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02406

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

730.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 809 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles W. Mc Daniel

Mailing Address 101 Caroline Street

City

Fredericksbrg

State

VA

Zip Code

22401-6103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hilldrvp Companiel

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02407

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Cyrus Mc Daniel

Mailing Address 3615 North Countryview Road

City

Urbana

State

IL

Zip Code

61802-5742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cross Construction, Inc.

Occupation  
C. F. O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02408

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John E. Mc Donald

Mailing Address 2500 Canyon Ridge Court

City

Arlington

State

TX

Zip Code

76006-4039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ameripath

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02409

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 810 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John P. Mc Donnell

Mailing Address 23600 Edgeview Court

City

Deer Park

State

IL

Zip Code

60010-3638

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02410

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard H. Mc Donnell

Mailing Address 70 Sanders Ranch Road

City

Moraga

State

CA

Zip Code

94556-2806

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02411

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Rori Mc Dougal

Mailing Address 103 Concord Court

City

Swedesboro

State

NJ

Zip Code

08085-3003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Peoplecore, Inc.

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02412

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 811 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Darcy Mc Dougall

Mailing Address 414 Creekside Lane

City

Sandpoint

State

ID

Zip Code

83864-2301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02413

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. W. Wallace Mc Dowell, Jr.

Mailing Address 426 Lake Avenue

City

Greenwich

State

CT

Zip Code

06830-3851

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02414

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary G. Mc Eachern

Mailing Address 3600 El Centro Street

City

Saint Petersburg B

State

FL

Zip Code

33706-3908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02415

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 812 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Mc Eldowney, Jr.

Mailing Address 111 Moorings Park Drive  
 Apartment 117

City State Zip Code  
 Naples FL 34105-2199

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02416

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Mc Elmoyl

Mailing Address 321 5th St

City State Zip Code  
 Greenfield CA 93927-5107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02417

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael T. Mc Enany

Mailing Address 86 Martinique Avenue

City State Zip Code  
 Tampa FL 33606-4053

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02418

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1220.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 813 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Cecelia Mc Entee

Mailing Address 10347 Trellis Crossing Lane

City State Zip Code  
 Richmond VA 23238-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02419

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Lyn Mc Fadden

Mailing Address 7505 Royal Oak Drive

City State Zip Code  
 Mc Lean VA 22102-2114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coldwell Banker

Occupation  
Realtor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02420

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Olivia S. Mc Fadden

Mailing Address 11011 N. Zephyr Drive  
 #111

City State Zip Code  
 Fountain Hls AZ 85268-5505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02421

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 814 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

M. G. Richmond Mc Farland, Jr.

Mailing Address 118 Hillside Road

City

Wayne

State

PA

Zip Code

19087-2634

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02422

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Keith A. Mc Farland

Mailing Address 13023 Blue Canyon Circle

City

Oklahoma City

State

OK

Zip Code

73142-6207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02423

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Nelson B. Mc Gee

Mailing Address 810 E. Riverside Avenue

City

San Angelo

State

TX

Zip Code

76905-7840

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02424

Amount of Each Receipt this Period

140.00

**SUBTOTAL** of Receipts This Page (optional) .....

640.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 815 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Leland C. Mc Gill

Mailing Address 4245 E. 6Th Avenue

City

Denver

State

CO

Zip Code

80220-4908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02425

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Edith Mc Grath-Walsh

Mailing Address 906 Santa Hidalgo

City

Solana Beach

State

CA

Zip Code

92075-1557

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02426

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Edith Mc Grath-Walsh

Mailing Address 906 Santa Hidalgo

City

Solana Beach

State

CA

Zip Code

92075-1557

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02427

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 816 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Harold W. Mc Graw, Jr.

Mailing Address 10 Watch Tower Road

City

Darien

State

CT

Zip Code

06820-2928

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02428

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Martha H. Mc Graw

Mailing Address 4 Noel Lane

City

Cincinnati

State

OH

Zip Code

45243-3722

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02429

Amount of Each Receipt this Period

360.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Tim W Mc Graw

Mailing Address 1417 Lanham

City

Midland

State

TX

Zip Code

79701-3922

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02430

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 817 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles W. Mc Guire

Mailing Address 501 S. 16Th Street

City

Richmond

State

IN

Zip Code

47374-6434

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02431

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Leonard Mc Guire

Mailing Address P.O. Box 767

City

Manomet

State

MA

Zip Code

02345-0767

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02432

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Leonard Mc Guire

Mailing Address P.O. Box 767

City

Manomet

State

MA

Zip Code

02345-0767

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02433

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

305.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 818 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John H. Mc Henry

Mailing Address 13373 N. Plaza Del Rio Blvd.

City

Peoria

State

AZ

Zip Code

85381-4873

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02434

Amount of Each Receipt this Period

1200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John H. Mc Henry

Mailing Address 13373 N. Plaza Del Rio Blvd.

City

Peoria

State

AZ

Zip Code

85381-4873

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02435

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. S. A. Mc Innis

Mailing Address P.O. Box 8682

City

Moss Point

State

MS

Zip Code

39562-0011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02436

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 819 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. J. Paul Mc Intosh

Mailing Address P.O. Box 1366

City

Norfolk

State

NE

Zip Code

68702-1366

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02437

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Margaret Mc Iver

Mailing Address 5400 Covenant Lane

City

Winston Salem

State

NC

Zip Code

27106-6459

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02438

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Marcia Mc Kenna

Mailing Address 1013 Kings Road

City

Conway

State

SC

Zip Code

29526-9406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02439

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 820 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Mc Keon

Mailing Address 7824 W. Boulevard Drive

City

Alexandria

State

VA

Zip Code

22308-1001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fish O. Richardson, P.C.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02440

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Paul D. Mc Kernan

Mailing Address 1526 W. Caribbean Lane

City

Phoenix

State

AZ

Zip Code

85023-6791

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Arrowhead Ob/Gyn, Ltd

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02441

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard Mc Kinless

Mailing Address 5034 36Th Street

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02442

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 821 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Marvin Mc Kinney

Mailing Address 628 W. Surf Spray Lane

City

Ponte Vedra Beach

State

FL

Zip Code

32082-3637

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02443

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bob Mc Kown

Mailing Address 30 Cutting Cross Way

City

Wayland

State

MA

Zip Code

01778-3844

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02444

Amount of Each Receipt this Period

205.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John F. Mc Laughlin, Jr.

Mailing Address 12137 St. Clement Street

City

Des Peres

State

MO

Zip Code

63131-4020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02445

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 822 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Matthew S. Mc Laughlin

Mailing Address 16916 Hierba Drive  
 Apartment 260

City State Zip Code  
 San Diego CA 92128-2691

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02446

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Col. Billy A. Mc Leod

Mailing Address 7452 Spring Village Drive  
 Apartment 225

City State Zip Code  
 Springfield VA 22150-4949

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02447

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Col. Billy A. Mc Leod

Mailing Address 7452 Spring Village Drive  
 Apartment 225

City State Zip Code  
 Springfield VA 22150-4949

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02448

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 823 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James H. Mc Manus

Mailing Address 88 Chestnut Street

City

Weston

State

MA

Zip Code

02493-1533

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fox & Hounds Properties

Occupation

Commercial Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02449

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Col. Drury C. Mc Millan, U.S.A. (Re

Mailing Address 4080 Crest Road

City

Pebble Beach

State

CA

Zip Code

93953-3007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02450

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edward N. Mc Millan

Mailing Address 29 Cherry Hills Farm

City

Englewood

State

CO

Zip Code

80113-7113

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02451

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 824 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Miss Janice R. Mc Morrow

Mailing Address 15109 Alexis Drive

City

Tampa

State

FL

Zip Code

33624-2344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02452

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Carolyn H Mc Murray

Mailing Address 111 Chunks Brook Rd

City

Arlington

State

VT

Zip Code

05250-8948

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02453

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gerald J. Mc Nabb

Mailing Address 1369 Idaho Avenue W.

City

Saint Paul

State

MN

Zip Code

55108-2113

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02454

Amount of Each Receipt this Period

105.00

**SUBTOTAL** of Receipts This Page (optional) .....

855.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 825 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Alan Lock Mc Natt, Sr.

Mailing Address 4401 N. I-35

Mc Natt Properties, L.C.

City

Denton

State

TX

Zip Code

76207-3432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mc Natt Properties, L.C.

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02455

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Denman K. Mc Near

Mailing Address 10 Turnagain Road

City

Kentfield

State

CA

Zip Code

94904-2717

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02456

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James E. Mc Nulty

Mailing Address 9463 Little Mountain Road

City

Kirtland Hills

State

OH

Zip Code

44060-9405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02457

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

2100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 826 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Jordine Mc Nutt

Mailing Address 1705 W. Cedar Street

City

El Dorado

State

AR

Zip Code

71730-5309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02458

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Rick Mc Queary

Mailing Address 490 S. Oaks Drive

City

Springfield

State

MO

Zip Code

65809-1101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mc Queary Brothers Drug  
Company

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02459

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gerry Mc Reynolds

Mailing Address 12930 Sw Pacific Highway  
P.O. Box 23877

City

Tigard

State

OR

Zip Code

97223-5088

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Tax Service

Occupation  
Accountant/Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai02460

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 827 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Larry J. Mc Vay

Mailing Address 9302 W. Pocket Hollow Road

City State Zip Code  
**Gosport IN 47433-8901**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 4 / 2 0 0 9**

Transaction ID: 2009M04L11ai02461

Amount of Each Receipt this Period

255.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. L. D. McClatchey

Mailing Address 1212 N. Plaza Drive

City State Zip Code  
**Visalia CA 93291-8827**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 1 6 / 2 0 0 9**

Transaction ID: 2009M04L11ai02462

Amount of Each Receipt this Period

230.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Vilma McComsey

Mailing Address 3414 Hunts Point Road

City State Zip Code  
**Hunts Point WA 98004-1116**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 0 / 2 0 0 9**

Transaction ID: 2009M04L11ai02463

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

**985.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 828 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Col. Joubert S. McCrea

Mailing Address 4800 Fillmore Avenue  
 Apartment 159

City State Zip Code  
 Alexandria VA 22311-5051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02464

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Doug McCreight

Mailing Address 7706 Royal Azalea Court

City State Zip Code  
 Springfield VA 22153-2157

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02465

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Doug McCreight

Mailing Address 7706 Royal Azalea Court

City State Zip Code  
 Springfield VA 22153-2157

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02466

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 829 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Vincent J. McCue

Mailing Address P.O. Box 22  
 464 Sycamore Avenue

City State Zip Code  
 Shrewsbury NJ 07702-0022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
R&R Marketing

Occupation  
Wholesale Liquor Distributor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02467

Amount of Each Receipt this Period

135.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James T. McCulley

Mailing Address 4308 Cloverdale Est.

City State Zip Code  
 Northport AL 35473-1848

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02468

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael McNally

Mailing Address 9 Jane Lacey Dr.  
 Apartment B.

City State Zip Code  
 Endicott NY 13760-3717

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hr

Occupation  
United Health Service Vp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02469

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

635.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 830 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Rev. Thomas McCabe

Mailing Address 9533 N. Shore Trl. N.

City

Forest Lake

State

MN

Zip Code

55025-9185

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Archdiocese Of St. Paul

Occupation

Catholic Clergy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02470

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Rev. Thomas McCabe

Mailing Address 9533 N. Shore Trl. N.

City

Forest Lake

State

MN

Zip Code

55025-9185

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Archdiocese Of St. Paul

Occupation

Catholic Clergy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02471

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Denise McCorkhill

Mailing Address 125 Palmetto Drive

City

Rincon

State

GA

Zip Code

31326-5112

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Verisign

Occupation

Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02472

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 831 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Dennis Mcdermott

Mailing Address 3880 Downing Lane NE

City State Zip Code  
 Atlanta GA 30319-1669

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Suntrust

Occupation  
 Banking

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02473

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Thomas P. Mcdonagh, Jr.

Mailing Address 4951 Gulf Shore Blvd. N.  
 Apt.. 1702

City State Zip Code  
 Naples FL 34103-2271

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02474

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Dan Mckillop

Mailing Address 8120 Pheasant Dr.

City State Zip Code  
 Gillette WY 82718-7243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02475

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 832 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lon A Mcwrightman

Mailing Address 9145 SE Orient Drive

City  
**Boring**

State  
**OR**

Zip Code  
**97009-9423**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oregon and Health Science  
Univ

Occupation  
**Systems Software Analyst**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 / 30 / 2009**

**Transaction ID: 2009M04L11ai02476**

Amount of Each Receipt this Period

**500.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gary L. Meade

Mailing Address 103 Regent Court

City

**East Peoria**

State

**IL**

Zip Code

**61611-1581**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 / 12 / 2009**

**Transaction ID: 2009M04L11ai02477**

Amount of Each Receipt this Period

**100.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. August Meadows

Mailing Address 4300 Hampton Hall Court

City

**Belcamp**

State

**MD**

Zip Code

**21017-1337**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United States Army

Occupation  
**United States Army**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 / 19 / 2009**

**Transaction ID: 2009M04L11ai02478**

Amount of Each Receipt this Period

**100.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**700.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 833 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Ms. Frances J. Meadows

Mailing Address 9801 W. Fm 4

City State Zip Code  
 Godley TX 76044-3909

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02479

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mrs. Alexandria Z. Meccia

Mailing Address 7520 Ridgewood Lane

City State Zip Code  
 Burr Ridge IL 60527-5159

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02480

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
 Ms. Sandra Medchill

Mailing Address 1571 Fairway Circle

City State Zip Code  
 Geneva IL 60134-3182

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02481

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 834 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Francisco S. Medina

Mailing Address 1337 Green Hills Court

City

Duncanville

State

TX

Zip Code

75137-2841

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02482

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Regina A. Melbourne

Mailing Address 316 S Grant St

City

Hinsdale

State

IL

Zip Code

60521-4053

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker/Spouse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02483

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James A Mell

Mailing Address 8355 NW 110st

City

Reddick

State

FL

Zip Code

32686-4553

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Management Alternatives,  
Ltd

Occupation

Vice President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02484

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 835 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James G. Mellin

Mailing Address 15 Wood Road

City

Middletown

State

RI

Zip Code

02842-6220

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02485

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James G. Mellin

Mailing Address 15 Wood Road

City

Middletown

State

RI

Zip Code

02842-6220

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02486

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony L. Mellos

Mailing Address 16668 Cumbre Verde Court

City

Pacific Palisades

State

CA

Zip Code

90272-1914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02487

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 836 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Bohdan & Dolores Melnyk

Mailing Address 26727 Newport Avenue

City

Warren

State

MI

Zip Code

48089-4557

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02488

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Mary Melvin

Mailing Address P.O. Box 3222

City

Cary

State

NC

Zip Code

27519-3222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Administrative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02489

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Mary Melvin

Mailing Address P.O. Box 3222

City

Cary

State

NC

Zip Code

27519-3222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Administrative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02490

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 837 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Mary Melvin

Mailing Address P.O. Box 3222

City

Cary

State

NC

Zip Code

27519-3222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Administrative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02491

Amount of Each Receipt this Period

70.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark Mendenhall

Mailing Address 407 W. Cowan Dr.

City

Houston

State

TX

Zip Code

77007-5034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cyclone Enterprises

Occupation

Food Distributor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02492

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Colleen Merendino

Mailing Address 101999 Suey Creek Road

City

Santa Maria

State

CA

Zip Code

93454

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02493

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 838 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Stephen Merrick

Mailing Address 422 W. Rosiland Dr.

City

Palatine

State

IL

Zip Code

60074

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cti Industries Corporation

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02494

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas P. Merrick

Mailing Address 80 Harbor Ridge Drive

City

Newport Beach

State

CA

Zip Code

92660-6814

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02495

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Merrill

Mailing Address 1026 N. Fairview Place

City

East Wenatchee

State

WA

Zip Code

98802-4494

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02496

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 839 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Merritt

Mailing Address 10735 Cory Lake Drive

City

Tampa

State

FL

Zip Code

33647-2725

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Veterans Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02497

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald T. Metcalfe

Mailing Address 106 Private Road 4261

City

Clifton

State

TX

Zip Code

76634-3653

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02498

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Harry A. Metz, Jr.

Mailing Address 205 Fiddlers Point Drive

City

Saint Augustine

State

FL

Zip Code

32080-6134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02499

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 840 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Janis Meyer

Mailing Address 4807 Buckskin Pass

City

Austin

State

TX

Zip Code

78745-2837

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Section Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02500

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jimmy C. Meyer

Mailing Address 8103 Rolling Knoll Court

City

Springfield

State

VA

Zip Code

22153-2530

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lockheed Martin Corporati-  
on

Occupation

Senior Systems Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02501

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Susanna S. Meyer

Mailing Address 8 Deer Haven Drive

City

Sheridan

State

WY

Zip Code

82801-9052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02502

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 841 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ernest S. Micek

Mailing Address 6940 E. Rock Ledge Place

City

Tucson

State

AZ

Zip Code

85750-0982

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02503

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Mary E. Michael

Mailing Address P.O. Box 75

City

Saint Michaels

State

MD

Zip Code

21663-0075

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02504

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Migliore, Jr.

Mailing Address 7901 Locke Road

City

Vacaville

State

CA

Zip Code

95688-9615

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
City Of Berkeley

Occupation  
Firefighter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02505

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 842 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Carolyn P. Mijares

Mailing Address P.O. Box 456

City

Sunset Beach

State

CA

Zip Code

90742-0456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02506

Amount of Each Receipt this Period

255.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Tom Mikesell

Mailing Address P.O. Box 1020

City

Craig

State

CO

Zip Code

81626-1020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02507

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Teresa Milam

Mailing Address P.O. Box 446

City

Ponte Vedra Beach

State

FL

Zip Code

32004-0446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Na

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02508

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

905.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 843 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert H. Milbrath

Mailing Address 5200 S.W. 25Th Blvd.  
Unit 3221

City State Zip Code  
**Gainesville FL 32608-8923**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 31 2009**

**Transaction ID: 2009M04L11ai02509**

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert H. Milbrath

Mailing Address 5200 S.W. 25Th Blvd.  
Unit 3221

City State Zip Code  
**Gainesville FL 32608-8923**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 31 2009**

**Transaction ID: 2009M04L11ai02510**

Amount of Each Receipt this Period

105.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Milgard

Mailing Address P.O. Box 8690

City State Zip Code  
**Ketchum ID 83340-7160**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Great Day Group L.L.C.

Occupation  
Private Equity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 31 2009**

**Transaction ID: 2009M04L11ai02511**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

**705.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 844 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Adeline Miller

Mailing Address P.O. Box 34

City

Rodeo

State

NM

Zip Code

88056-0034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02512

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Adeline Miller

Mailing Address P.O. Box 34

City

Rodeo

State

NM

Zip Code

88056-0034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02513

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Arthur Miller

Mailing Address 210 Valley Club Circle

City

Little Rock

State

AR

Zip Code

72212-2914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02514

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 845 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. C. Douglas Miller

Mailing Address 9 Laurel Hill Court

City

Bluffton

State

SC

Zip Code

29910-4918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02515

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David J. Miller

Mailing Address 261 6Th Street

City

Silvis

State

IL

Zip Code

61282-1125

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02516

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Duane Miller

Mailing Address 9 Winding Way

City

Wilmington

State

DE

Zip Code

19807-1749

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02517

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 846 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth S. Miller

Mailing Address 16614 Lafone Dr

City  
**Spring**

State  
**TX**

Zip Code  
**77379-7507**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**630.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 / 31 / 2009**

**Transaction ID: 2009M04L11ai02518**

Amount of Each Receipt this Period

**300.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Henry S. Miller

Mailing Address 250 Park Avenue

City  
**New York**

State  
**NY**

Zip Code  
**10177-0073**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Miller Buckfire & Company,  
L.L.C.

Occupation  
Investment Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**30400.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 / 31 / 2009**

**Transaction ID: 2009M04L11ai02519**

Amount of Each Receipt this Period

**30400.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. James C. Miller

Mailing Address 103 Trio Court

City  
**Holly Hill**

State  
**FL**

Zip Code  
**32117-4937**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Disabled

Occupation  
Disabled

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 / 02 / 2009**

**Transaction ID: 2009M04L11ai02520**

Amount of Each Receipt this Period

**30.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**30730.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 847 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James C. Miller

Mailing Address 103 Trio Court

City

Holly Hill

State

FL

Zip Code

32117-4937

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Disabled

Occupation  
Disabled

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02521

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James M. Miller

Mailing Address 12444 Highfield Circle

City

Lakewood Ranch

State

FL

Zip Code

34202-7909

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Philanthropist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02522

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Prof. John B. Miller

Mailing Address 40 Westland Avenue

City

Winchester

State

MA

Zip Code

01890-3472

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Patton Boggs L.L.P.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02523

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1005.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 848 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lester C. Miller

Mailing Address P.O. Box 343

City

Goodwell

State

OK

Zip Code

73939-0343

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02524

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Lisa A. Miller

Mailing Address 14806 Donna Lane

City

Crosby

State

TX

Zip Code

77532-6040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02525

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Margaret Miller

Mailing Address 9 Pleasant Hill Drive

City

Rolling Hills Esta

State

CA

Zip Code

90274-1521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Self Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02526

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 849 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark I. Miller

Mailing Address 40 Overlook Road

City

Livingston

State

NJ

Zip Code

07039-1508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Consultants

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02527

Amount of Each Receipt this Period

270.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Maynard M. Miller

Mailing Address 514 E. 1St Street

City

Moscow

State

ID

Zip Code

83843-2814

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University Of Idaho

Occupation  
Geologist & Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02528

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Maynard M. Miller

Mailing Address 514 E. 1St Street

City

Moscow

State

ID

Zip Code

83843-2814

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University Of Idaho

Occupation  
Geologist & Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02529

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 850 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul R. Miller

Mailing Address 6738 S. Russellville Road

City

Franktown

State

CO

Zip Code

80116-8304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02530

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Randall Miller

Mailing Address 8412 Telegraph Road

City

Lorton

State

VA

Zip Code

22079-1306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Department of Transportat-  
ion

Occupation  
Federal Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02531

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert E. Miller

Mailing Address 16011 Kinmont Court

City

Spring

State

TX

Zip Code

77379-6839

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02532

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 851 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Virgie Miller

Mailing Address 4895 Convair Drive

City

Carson City

State

NV

Zip Code

89706-0492

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02533

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Wilton E. Miller

Mailing Address 1720 Calle Laguna

City

Arroyo Grande

State

CA

Zip Code

93420-5972

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02534

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Theresa K. Milligan

Mailing Address 5712 Meadow Wood Lane

City

Fort Worth

State

TX

Zip Code

76112-3034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02535

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

1470.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 852 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Harry L. Million

Mailing Address 421 S. 30Th Street

City

Philomath

State

OR

Zip Code

97370-9372

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02536

Amount of Each Receipt this Period

70.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Harry L. Million

Mailing Address 421 S. 30Th Street

City

Philomath

State

OR

Zip Code

97370-9372

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02537

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Billy J. Millis

Mailing Address 2502 Barkwood Drive

City

Austin

State

TX

Zip Code

78748-6006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
USAF

Occupation  
Many Long Years Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02538

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 853 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Billy J. Millis

Mailing Address 2502 Barkwood Drive

City

Austin

State

TX

Zip Code

78748-6006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
USAF

Occupation

Many Long Years Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02539

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Billy J. Millis

Mailing Address 2502 Barkwood Drive

City

Austin

State

TX

Zip Code

78748-6006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
USAF

Occupation

Many Long Years Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02540

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Rick J. Mills

Mailing Address 9365 Smithson Ln.

City

Brentwood

State

TN

Zip Code

37027-8747

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02541

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 854 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mollie W. Milne

Mailing Address 4202 N. 79Th St.

City

Scottsdale

State

AZ

Zip Code

85251-4117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02542

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Laure L. Mineo

Mailing Address 7322 Donaldson Dr.

City

Gonzales

State

LA

Zip Code

70737-8169

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02543

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert N. Minich

Mailing Address 8303 Decoy Run

City

Manlius

State

NY

Zip Code

13104-9324

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02544

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 855 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David S. Minton

Mailing Address 7949 Mc Kaig Road

City

Frederick

State

MD

Zip Code

21701-8912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Housing Opportunities Com-  
mission

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02545

Amount of Each Receipt this Period

245.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert M. Minton

Mailing Address 1204 N. Marshall

City

Henderson

State

TX

Zip Code

75652-5624

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02546

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jim L. Mirkes

Mailing Address 1201 Placid Ave

City

Plano

State

TX

Zip Code

75074

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Merit Contractors, Inc.

Occupation  
Construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02547

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1245.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 856 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph L. Mistretta, Jr.

Mailing Address 27229 SW Aden Avenue

City

Wilsonville

State

OR

Zip Code

97070-6560

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02548

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Cecil Darrel Mitchell

Mailing Address 900 W. Vandever Blvd.

City

Broken Arrow

State

OK

Zip Code

74012-7667

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02549

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John B. Mitchell

Mailing Address 7803 Elm Tree Ct

City

Sugar Land

State

TX

Zip Code

77479-6404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Acute Technological Servi-  
ces,

Occupation

Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02550

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 857 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Norris Mitchell

Mailing Address P.O. Box 311

City

Mc Lean

State

VA

Zip Code

22101-0311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02551

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Scott Mitchell

Mailing Address 8500 Clarendon Drive

City

Evansville

State

IN

Zip Code

47725-7494

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Heart Group

Occupation

Pa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02552

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Janet Mixon

Mailing Address 206 Oak Ave  
P.O. Box 1729

City

Anna Maria

State

FL

Zip Code

34216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mixon Fruit Farms, Inc.

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02553

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 858 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. June T. Miyagishima

Mailing Address 1300 University Street  
Apartment 2A

City State Zip Code  
Seattle WA 98101-2804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02554

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Mary Jo & Randy Mizer

Mailing Address 3210 Julian Avenue

City State Zip Code  
Long Beach CA 90808-4448

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02555

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Jack E. Mobley

Mailing Address P.O. Box 596

City State Zip Code  
Deer Park TX 77536-0596

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mobley Industrial Painters

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02556

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 859 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Carl B. Mockensturm

Mailing Address 7913 Lookout Circle

City

Monclova

State

OH

Zip Code

43542-8314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02557

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Carl B. Mockensturm

Mailing Address 7913 Lookout Circle

City

Monclova

State

OH

Zip Code

43542-8314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02558

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Armin J. Moeller, Jr.

Mailing Address P.O. Box 22587

City

Jackson

State

MS

Zip Code

39225-2587

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai02559

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

1375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 860 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Delores Moelter

Mailing Address P.O. Box 1653

City

La Quinta

State

CA

Zip Code

92247-1653

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02560

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Delores Moelter

Mailing Address P.O. Box 1653

City

La Quinta

State

CA

Zip Code

92247-1653

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02561

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Delores Moelter

Mailing Address P.O. Box 1653

City

La Quinta

State

CA

Zip Code

92247-1653

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02562

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 861 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert M. Mohr

Mailing Address 16 Viejo Way

City

Novato

State

CA

Zip Code

94945-1338

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02563

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert M. Mohr

Mailing Address 16 Viejo Way

City

Novato

State

CA

Zip Code

94945-1338

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02564

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Luis Mola

Mailing Address 2509 Castilla Island

City

Fort Lauderdale

State

FL

Zip Code

33301-1580

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
D.M.E. Corporation

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02565

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 862 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Ray Molczyk

Mailing Address P.O. Box 105

City  
Spalding

State  
NE

Zip Code  
68665-0105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai02566

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Peter E. Moll

Mailing Address 2001 Whiteoaks Drive

City  
Alexandria

State  
VA

Zip Code  
22306-2432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Howrey, L.L.P.

Occupation  
 Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai02567

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeremy J. Mollison

Mailing Address 201 S. 18Th Street  
 Rittenhouse Claridge #1407

City  
Philadelphia

State  
PA

Zip Code  
19103-5957

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Pennsylvania Real Estate  
 Inves

Occupation  
 Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: 2009M04L11ai02568

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 863 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Mondello

Mailing Address 153 Meadow Lane

City

New Rochelle

State

NY

Zip Code

10805-2345

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Grassl Development Corp.

Occupation

Book Keeper

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02569

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Mondello

Mailing Address 153 Meadow Lane

City

New Rochelle

State

NY

Zip Code

10805-2345

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Grassl Development Corp.

Occupation

Book Keeper

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02570

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. L. Monroe

Mailing Address 1010 Walker Ford Road

City

Maynardville

State

TN

Zip Code

37807-4137

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02571

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 864 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. William A. Monroe

Mailing Address 4124 Shadow Drive

City

Fort Worth

State

TX

Zip Code

76116-8129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jetta Operating Company

Occupation

Petroleum Geologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai02572

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ramon G. Montes

Mailing Address 16240 N. 56Th Way

City

Scottsdale

State

AZ

Zip Code

85254-9212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Banner Health System

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 9

Transaction ID: 2009M04L11ai02573

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald M. Montgomery

Mailing Address P.O. Box 908  
7211 Scatter View Lane

City

Rochester

State

WA

Zip Code

98579-0908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 9

Transaction ID: 2009M04L11ai02574

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 865 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Donald M. Montgomery

Mailing Address P.O. Box 908  
 7211 Scatter View Lane

City State Zip Code  
**Rochester WA 98579-0908**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 1 6 / 2 0 0 9**

Transaction ID: 2009M04L11ai02575

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald M. Montgomery

Mailing Address P.O. Box 908  
 7211 Scatter View Lane

City State Zip Code  
**Rochester WA 98579-0908**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

Transaction ID: 2009M04L11ai02576

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald M. Montgomery

Mailing Address P.O. Box 908  
 7211 Scatter View Lane

City State Zip Code  
**Rochester WA 98579-0908**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 5 / 2 0 0 9**

Transaction ID: 2009M04L11ai02577

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 866 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John R. Montgomery, II

Mailing Address 901 Hillsboro Mile

City

Hillsboro Beach

State

FL

Zip Code

33062-2801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02578

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael Montgomery

Mailing Address 1488 Key Lane

City

Abilene

State

TX

Zip Code

79602-7610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Associates

Occupation  
M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02579

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Wally O. Montgomery

Mailing Address 117 N. 2Nd Street  
Suite 202

City

Paducah

State

KY

Zip Code

42001-0743

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02580

Amount of Each Receipt this Period

305.00

**SUBTOTAL** of Receipts This Page (optional) .....

1555.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 867 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Arlene Moody

Mailing Address 15101 Delahunty Lane

City

Pflugerville

State

TX

Zip Code

78660-3344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02581

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas R. Mooney

Mailing Address 524 Manzanita St.

City

Chula Vista

State

CA

Zip Code

91911-2507

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation

Usn (Ret)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02582

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Annette Moore

Mailing Address 2019 Florinda Street

City

Sarasota

State

FL

Zip Code

34231-3417

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Master Graphics, Inc.

Occupation

Printing & Graphics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02583

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 868 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Anthony Moore

Mailing Address 3203 Cornell Avenue

City

Dallas

State

TX

Zip Code

75205-2933

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02584

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Arthur Dale Moore

Mailing Address 1623 Peerman School Road

City

Altavista

State

VA

Zip Code

24517-4099

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02585

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Carolyn J Moore

Mailing Address 604 Royal Oaks

City

Friendswood

State

TX

Zip Code

77546-7006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Brand Iq, Inc.

Occupation

President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02586

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 869 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John M. Moore

Mailing Address P.O. Box 269

City

Saluda

State

VA

Zip Code

23149-0269

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02587

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Matthew P. Moore

Mailing Address 1619 167Th Avenue N.E.

City

Bellevue

State

WA

Zip Code

98008-2909

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Seagull Scientific, Inc.

Occupation  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02588

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Norman Moore

Mailing Address 272 Hamakua Dr

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Navy

Occupation  
Military

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02589

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 870 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Sandra C. Moore

Mailing Address 14301 Albers Street

City

Sherman Oaks

State

CA

Zip Code

91401-5105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02590

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen F. Moore

Mailing Address 1019 Lake Colonial Drive

City

Arrington

State

TN

Zip Code

37014-9746

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
T.B.A. Corporation

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02591

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William B. Moore

Mailing Address 3830 Dutch Hollow Lane

City

Pacific

State

MO

Zip Code

63069-2556

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02592

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 871 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jorge A. Morales

Mailing Address P.O. Box 1899

City

Dubois

State

WY

Zip Code

82513-1899

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02593

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Orlando Morales Montero, Sr.

Mailing Address 4960 S.W. 128Th Avenue

City

Miramar

State

FL

Zip Code

33027-5828

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hilton Hotel Airport Tower

Occupation  
Server

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02594

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Donna Moran

Mailing Address 1239 Cricket Drive N.E.

City

Palm Bay

State

FL

Zip Code

32907-2219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02595

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 872 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Donna Moran

Mailing Address 1239 Cricket Drive N.E.

City

Palm Bay

State

FL

Zip Code

32907-2219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02596

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joe E. Moreland

Mailing Address P. O. Box 430

City

Osawatomie

State

KS

Zip Code

66064-0430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02597

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Harold Morgan

Mailing Address 119 Robert E. Lee Boulevard

City

Vicksburg

State

MS

Zip Code

39183-8728

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02598

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

1270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 873 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Patricia B. Morgan

Mailing Address 5 Stonegate Drive

City

Belleair

State

FL

Zip Code

33756-1687

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02599

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Timothy Morgan

Mailing Address 11202 Valley Stream

City

Houston

State

TX

Zip Code

77043-4623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02600

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Timothy Morgan

Mailing Address 11202 Valley Stream

City

Houston

State

TX

Zip Code

77043-4623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02601

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 874 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles J. Mormino

Mailing Address 8811 Gaylord

City

Houston

State

TX

Zip Code

77024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02602

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James F. Morrill

Mailing Address 200 Palm Circle

City

Lake Worth

State

FL

Zip Code

33462-6629

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02603

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. April Morris

Mailing Address 2167 Vestibule Church Road

City

Kings Mountain

State

NC

Zip Code

28086-9129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02604

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

910.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 875 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. I. A. Morris, Jr.

Mailing Address 2867 Outlet Road

City

Clifton Springs

State

NY

Zip Code

14432-9742

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
G.W. LISK COMPANY, INC.

Occupation

BOARD CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02605

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. I. A. Morris, Jr.

Mailing Address 2867 Outlet Road

City

Clifton Springs

State

NY

Zip Code

14432-9742

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
G.W. LISK COMPANY, INC.

Occupation

BOARD CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02606

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Morris

Mailing Address 307 Beach Drive

City

Destin

State

FL

Zip Code

32541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation

Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02607

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

3250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 876 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Helen D Morrison

Mailing Address 234 Twelfth Street, S.E.

City

Washington

State

DC

Zip Code

20003-1428

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Arnold & Porter

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02608

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Helen D Morrison

Mailing Address 234 Twelfth Street, S.E.

City

Washington

State

DC

Zip Code

20003-1428

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Arnold & Porter

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02609

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael Morrison

Mailing Address 15239 Newburgh Rd

City

Livonia

State

MI

Zip Code

48154-5038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02610

Amount of Each Receipt this Period

115.00

**SUBTOTAL** of Receipts This Page (optional) .....

415.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 877 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. C. Richard Morrow

Mailing Address 1737 Highway 61

City

Wever

State

IA

Zip Code

52658-9554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02611

Amount of Each Receipt this Period

255.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Fern L. Morse

Mailing Address 316 Center Street

City

Vermillion

State

SD

Zip Code

57069-2116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02612

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Davis Mortensen

Mailing Address 1661 Snug Harbor Drive

City

Greensboro

State

GA

Zip Code

30642-3735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02613

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

555.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 878 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William S. Mortensen

Mailing Address 559 Almoloya Drive

City

Pacific Palisades

State

CA

Zip Code

90272-4426

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02614

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Lynda S. Moscatello

Mailing Address R.R. 6 Box 6198C

City

Stroudsburg

State

PA

Zip Code

18360-8537

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Penson Creek Financial Se-  
vice, Inc.

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai02615

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John A. Moseley

Mailing Address 4403 Via Abrigada

City

Santa Barbara

State

CA

Zip Code

93110-2301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02616

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 879 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard Mott

Mailing Address P.O. Box 400

City

Rainier

State

WA

Zip Code

98576-0400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Potielco I.N.C.

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02617

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Mott

Mailing Address P.O. Box 400

City

Rainier

State

WA

Zip Code

98576-0400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Potielco I.N.C.

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02618

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Vernon B. Mountcastle

Mailing Address 6605 Walnutwood Circle

City

Baltimore

State

MD

Zip Code

21212-1214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02619

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 880 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Paraskevi Mourkakos

Mailing Address 3273 32Nd Street

City

Astoria

State

NY

Zip Code

11106-2644

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02620

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Frank Moya

Mailing Address 5915 Ponce De Leon Blvd.  
Suite 19

City

Coral Gables

State

FL

Zip Code

33146-2435

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02621

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Buford Moyers

Mailing Address 1008 Little League Road

City

Princeton

State

LA

Zip Code

71067-8393

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Country Kitchen

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02622

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 881 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard Mueller

Mailing Address 1 US Bank Plz

City

Saint Louis

State

MO

Zip Code

63101-1612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02623

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Mueller

Mailing Address 1 US Bank Plz

City

Saint Louis

State

MO

Zip Code

63101-1612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02624

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard L. Mueller

Mailing Address 432 Ridgewood Avenue

City

Glen Ellyn

State

IL

Zip Code

60137-4918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02625

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 882 / 1940  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth J. Muellner

Mailing Address 3558 N. Rutherford Avenue

City  
ChicagoState  
ILZip Code  
60634-3710FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Law Enforcement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	9	

Transaction ID: 2009M04L11ai02626

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Germano Mularoni

Mailing Address 32540 Schoolcraft Road  
Suite 1City  
LivoniaState  
MIZip Code  
48150-4305FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	9	

Transaction ID: 2009M04L11ai02627

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Donald J. Muller

Mailing Address 204 Rochester Road

City  
MobileState  
ALZip Code  
36608-2219FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	9	

Transaction ID: 2009M04L11ai02628

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 883 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Delno V. Mullins

Mailing Address 13223 Palmers Creek Terrace

City

Bradenton

State

FL

Zip Code

34202-5006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02629

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Judy Mullins

Mailing Address 340 Hidden Creek Circle

City

Spartanburg

State

SC

Zip Code

29306-6672

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02630

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gerald A. Mulrooney

Mailing Address 629 South Ridge Road

City

Cedar City

State

UT

Zip Code

84720-2900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02631

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 884 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jorge Munilla

Mailing Address 7231 Sunset Drive

City

Miami

State

FL

Zip Code

33143-4248

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02632

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Harvey E. Munsch

Mailing Address 1215 Rita Circle

City

San Angelo

State

TX

Zip Code

76905-4201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02633

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jay H. Murdock

Mailing Address 755 Castle Boulevard

City

Akron

State

OH

Zip Code

44313-5709

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02634

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 885 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Roy Murdock

Mailing Address P.O. Box 21107

City

Spattle

State

WA

Zip Code

98111-3107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai02635

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Susan H. Murphree

Mailing Address 105 Forest Terrace

City

Troy

State

AL

Zip Code

36081-1621

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 9

Transaction ID: 2009M04L11ai02636

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edward Murphy

Mailing Address 18 Meritoria Drive

City

East Williston

State

NY

Zip Code

11596-2005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 9

Transaction ID: 2009M04L11ai02637

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 886 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. James P. Murphy

Mailing Address 2970 Broxton Lane

City

York

State

PA

Zip Code

17402-3823

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Yorktowne Business Institute

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02638

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Paul T. Murphy

Mailing Address 20748 6th Ave West

City

Summerland Key

State

FL

Zip Code

33042-4010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Health Management Associates

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02639

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Geneva J. Murray

Mailing Address 3518 29th Avenue

City

Temple Hills

State

MD

Zip Code

20748-1234

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02640

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 887 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. George E. Murray

Mailing Address 2621 Spalding Drive

City

Las Vegas

State

NV

Zip Code

89134-7551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02641

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James C. Murray, II

Mailing Address 700 E. Main Street  
Suite E.

City

Saint Charles

State

IL

Zip Code

60174-2200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02642

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sharon Muzik

Mailing Address 791 Wittelsbach Drive  
Apt B.

City

Dayton

State

OH

Zip Code

45429-6256

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Booz-Allen Hamilton, Inc.

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02643

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 888 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Beatrice Myers

Mailing Address 8919 Park Road  
 Apartment 7014

City State Zip Code  
 Charlotte NC 28210-7629

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02644

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bradley W. Myers

Mailing Address 1220 Boland Place

City State Zip Code  
 Richmond Heights MO 63117-1458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02645

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles J. Myers

Mailing Address 1612 Tiffany Drive

City State Zip Code  
 Pittsburgh PA 15241-3269

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02646

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 889 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Myers

Mailing Address 136 Whitetail Drive

City

Harrison City

State

PA

Zip Code

15636-1430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Newton Consulting, L.L.C.

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02647

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Myers

Mailing Address 136 Whitetail Drive

City

Harrison City

State

PA

Zip Code

15636-1430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Newton Consulting, L.L.C.

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02648

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Myers

Mailing Address Pob 852, 46320 Ten Mile Rd

City

Novi

State

MI

Zip Code

48376-0852

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02649

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 890 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William P. Naff

Mailing Address 1831 Rendy Road

City

New Smyrna

State

FL

Zip Code

32168-5428

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai02650

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Nagel

Mailing Address 6229 Nagel Road  
P.O. Box 340

City

Preston

State

MD

Zip Code

21655-0340

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 9

Transaction ID: 2009M04L11ai02651

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Eleanor & E.J. Nagele

Mailing Address 1652 Lightwood Road

City

Hartwell

State

GA

Zip Code

30643-4016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 9

Transaction ID: 2009M04L11ai02652

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 891 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kevin M. Nagle

Mailing Address 960 Villa Del Sol

City

El Dorado Hills

State

CA

Zip Code

95762-3568

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Envision Insurance Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02653

Amount of Each Receipt this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Derek Naiser

Mailing Address 104 Summer Glen

City

Boerne

State

TX

Zip Code

78006-6090

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02654

Amount of Each Receipt this Period

205.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Nagy N. Najjar

Mailing Address 2120 Lundy Lake Drive

City

Escondido

State

CA

Zip Code

92029-5439

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02655

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3705.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 892 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Nagy N. Najjar

Mailing Address 2120 Lundy Lake Drive

City

Escondido

State

CA

Zip Code

92029-5439

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02656

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Jim & Leane Nakis

Mailing Address 16218 Gamay Drive

City

Plainfield

State

IL

Zip Code

60586-5969

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation

Chiropractor / Small Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02657

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Nalbone, Jr.

Mailing Address 136 Lakeview Avenue

City

Fredonia

State

NY

Zip Code

14063-1973

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02658

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 893 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Allan Nappen

Mailing Address 143 Bayhill Drive

City

Blue Bell

State

PA

Zip Code

19422-3264

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nappen & Associates

Occupation

Real Estate Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02659

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Naomi M. Nash

Mailing Address 4731 Ridgeview Court

City

Wisconsin

State

WI

Zip Code

54494-6778

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02660

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Salah Nasser

Mailing Address 40 Brookside Drive

City

Athens

State

PA

Zip Code

18810-8900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Guthrie Clinic

Occupation

Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02661

Amount of Each Receipt this Period

135.00

**SUBTOTAL** of Receipts This Page (optional) .....

485.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 894 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Andrzej M. Natkaniec

Mailing Address 6067 60Th Avenue

City

Maspeth

State

NY

Zip Code

11378-3458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02662

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Huel S. Neal

Mailing Address 5794 Potato Farm Road

City

Crossville

State

TN

Zip Code

38571-0777

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02663

Amount of Each Receipt this Period

105.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lester Neal

Mailing Address 305 2Nd Street W.

City

Roundup

State

MT

Zip Code

59072-2705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02664

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

455.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 895 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lester Neal

Mailing Address 305 2Nd Street W.

City

Roundup

State

MT

Zip Code

59072-2705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02665

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lester Neal

Mailing Address 305 2Nd Street W.

City

Roundup

State

MT

Zip Code

59072-2705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02666

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lester Neal

Mailing Address 305 2Nd Street W.

City

Roundup

State

MT

Zip Code

59072-2705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02667

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 896 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lester Neal

Mailing Address 305 2Nd Street W.

City

Roundup

State

MT

Zip Code

59072-2705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	9	

Transaction ID: 2009M04L11ai02668

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William W. Neal, III

Mailing Address 5106 Oxford Crescent Court

City

Charlotte

State

NC

Zip Code

28226-3321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	9	

Transaction ID: 2009M04L11ai02669

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George M. Neall, II

Mailing Address 5452 Tates Bank Road

City

Cambridge

State

MD

Zip Code

21613-3421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	9	

Transaction ID: 2009M04L11ai02670

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional) .....

1650.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 897 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Joan Kelly Nebel

Mailing Address 660 Lambert Avenue

City

Flagler Beach

State

FL

Zip Code

32136-3213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02671

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William C. Needham

Mailing Address 9953 Knollbrook Terrace

City

Cincinnati

State

OH

Zip Code

45242-6407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02672

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William C. Needham

Mailing Address 9953 Knollbrook Terrace

City

Cincinnati

State

OH

Zip Code

45242-6407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02673

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 898 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William C. Needham

Mailing Address 9953 Knollbrook Terrace

City

Cincinnati

State

OH

Zip Code

45242-6407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02674

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Alice T. Neel

Mailing Address 4106 Tarlac Drive

City

San Antonio

State

TX

Zip Code

78239-3072

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02675

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mallappa Neelappa

Mailing Address 2275 S. Elks Lane

City

Yuma

State

AZ

Zip Code

85364-6104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02676

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 899 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bill V. Neff

Mailing Address 350 University Boulevard

City

Harrisonburg

State

VA

Zip Code

22801-3755

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COMMERCIAL REAL ESTATE DE-  
 VEL.**

Occupation  
 Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02677

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Carl Anthony Neff

Mailing Address 8187 State Route 43

City

Streetsboro

State

OH

Zip Code

44241-5864

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02678

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George E. Neher

Mailing Address 6507 Deerpath Court

City

Lisle

State

IL

Zip Code

60532-3309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02679

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 900 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Kelly Neil

Mailing Address 114 Inez Place

City State Zip Code  
 Mill Valley CA 94941-2411

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Bai, Llc

Occupation  
 Realtor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02680

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Kelly Neil

Mailing Address 114 Inez Place

City State Zip Code  
 Mill Valley CA 94941-2411

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Bai, Llc

Occupation  
 Realtor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02681

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mrs. Charmean L. Neithart

Mailing Address 1450 Lomita Drive

City State Zip Code  
 Pasadena CA 91106-4341

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02682

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 901 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Charmean L. Neithart

Mailing Address 1450 Lomita Drive

City

Pasadena

State

CA

Zip Code

91106-4341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02683

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Steven Neitz

Mailing Address 15213 Bannon Hill Court

City

Chantilly

State

VA

Zip Code

20151-1314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Zeta Associates

Occupation

Software Engineer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02684

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Julieann Nelson

Mailing Address 4406 Lively Lane

City

Dallas

State

TX

Zip Code

75220-2006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02685

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 902 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth Nelson

Mailing Address 219 Riverview Road

City

Ottertail

State

MN

Zip Code

56571-7018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
K.L.N Enterprises

Occupation

President & Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02686

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Obert B. Nelson

Mailing Address 4406 Lively Ln.

City

Dallas

State

TX

Zip Code

75220-2006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02687

Amount of Each Receipt this Period

510.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Iris Nemhauser

Mailing Address 1412 9th Ave NE

City

Rochester

State

MN

Zip Code

55906-7006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mayo Clinic

Occupation

Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02688

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 903 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Iris Nemhauser

Mailing Address 1412 9th Ave NE

City

Rochester

State

MN

Zip Code

55906-7006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mayo Clinic

Occupation  
Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02689

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Penny L Nemitz

Mailing Address P.O. Box 183

City

Grafton

State

OH

Zip Code

44044-0183

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bowling Green

Occupation  
Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02690

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Betty Deloras Neuman

Mailing Address 1241 Central Avenue

City

Mayo

State

MD

Zip Code

21106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02691

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 904 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gregory R. New

Mailing Address 2755 Ordway Street N.W.  
 Apartment 405

City State Zip Code  
**Washington DC 20008-5005**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 03 2009**

Transaction ID: 2009M04L11ai02692

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Newcomb

Mailing Address 15643 Compass Drive

City State Zip Code  
**Northport AL 35475-3923**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
W. Alabama Family Physi-  
cians, P.C.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 10 2009**

Transaction ID: 2009M04L11ai02693

Amount of Each Receipt this Period

1050.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bryan S. Newell

Mailing Address 35212 Clear Pond Rd.

City State Zip Code  
**Shawnee OK 74801-2654**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ess, Newell Oil and Gas

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 31 2009**

Transaction ID: 2009M04L11ai02694

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 905 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Newfield

Mailing Address 3332 Venture Drive

City

Huntington Beach

State

CA

Zip Code

92649-2551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Intertrade Aviation Corpo-  
ration

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02695

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Scott Newhart

Mailing Address 7095 Bottle Bay Road

City

Sagle

State

ID

Zip Code

83860-9041

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02696

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Scott Newhart

Mailing Address 7095 Bottle Bay Road

City

Sagle

State

ID

Zip Code

83860-9041

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02697

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 906 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Harry Newman

Mailing Address 1226 Dosett Street

City State Zip Code  
**Athens TN 37303**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

**03 / 31 / 2009**

**Transaction ID: 2009M04L11ai02698**

Amount of Each Receipt this Period

210.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ned Newman

Mailing Address P.O. Box 778407

City State Zip Code  
**Henderson NV 89077-1250**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired - Boeing

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

**03 / 10 / 2009**

**Transaction ID: 2009M04L11ai02699**

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ned Newman

Mailing Address P.O. Box 778407

City State Zip Code  
**Henderson NV 89077-1250**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired - Boeing

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

**03 / 27 / 2009**

**Transaction ID: 2009M04L11ai02700**

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

**520.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 907 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Carroll F. Newsom

Mailing Address P.O. Box 50665

City

Amarillo

State

TX

Zip Code

79159-0665

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02701

Amount of Each Receipt this Period

115.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Monte L. Newsom

Mailing Address 2817 Chama Street N. E.

City

Albuquerque

State

NM

Zip Code

87110-3554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02702

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Wilbert F. Newton

Mailing Address 23812 Salvador Bay

City

Dana Point

State

CA

Zip Code

92629-4207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02703

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

465.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 908 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thanhlong T. Nguyen

Mailing Address 8292 Westminster Blvd.

City

Westminster

State

CA

Zip Code

92683-3347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Civic Dental

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02704

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bruce S. Nicholas

Mailing Address 40 Howard Road

City

Greenwich

State

CT

Zip Code

06831-3104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02705

Amount of Each Receipt this Period

800.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Don E. Nicholas

Mailing Address P.O. Box 4586

City

Jackson

State

MS

Zip Code

39296-4586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02706

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

1160.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 909 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frank Nichols, Jr.

Mailing Address 534 Oak Harbour Drive

City

Juno Beach

State

FL

Zip Code

33408-2145

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02707

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Miss Iliana Niciu

Mailing Address P.O. Box 92

City

Camden

State

NY

Zip Code

13316-0092

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02708

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Rachel K. Nicklaus

Mailing Address P.O. Box 393

City

Hammondsport

State

NY

Zip Code

14840-0393

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02709

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 910 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Rachel K. Nicklaus

Mailing Address P.O. Box 393

City

Hammondsport

State

NY

Zip Code

14840-0393

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02710

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Marilyn D. Nielson

Mailing Address 7 Silverleaf Drive

City

Rolling Hills Esta

State

CA

Zip Code

90274-2510

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02711

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jack K. Nisselius

Mailing Address P.O. Box 3006

City

Gillette

State

WY

Zip Code

82717-3006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02712

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 911 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Harvey Nix

Mailing Address P.O. Box 74

City

Bat Cave

State

NC

Zip Code

28710-0074

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02713

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jon Nix

Mailing Address 3127 Keller Bend Road

City

Knoxville

State

TN

Zip Code

37922-6524

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02714

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Camille Nixon

Mailing Address 2126 Edenton Road

City

Charlotte

State

NC

Zip Code

28211-3852

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02715

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

5600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 912 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Russ P. Nockels

Mailing Address 1147 Ashland Ave.

City

River Forest

State

IL

Zip Code

60305-1437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Loyola University

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai02716

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Felix Nodar

Mailing Address 326-328 Front Street

City

Staten Island

State

NY

Zip Code

10304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 9

Transaction ID: 2009M04L11ai02717

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Felix Nodar

Mailing Address 326-328 Front Street

City

Staten Island

State

NY

Zip Code

10304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 9

Transaction ID: 2009M04L11ai02718

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 913 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Xavier Noel

Mailing Address 396 Lydecker Street

City

Englewood

State

NJ

Zip Code

07631-1914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Paris Gourmet

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02719

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frank T. Nolden

Mailing Address 303 Chimney Rock Street

City

Lufkin

State

TX

Zip Code

75904-7580

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02720

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Donna M. Noll

Mailing Address 1905 Corta Bella Drive

City

Las Vegas

State

NV

Zip Code

89134-6145

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Realty One Group

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02721

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 914 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Claire S. Nordeck

Mailing Address 201 Saint Mark Way  
 Apartment 404

City State Zip Code  
**Westminister MD 21158-4195**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 03 2009**

Transaction ID: 2009M04L11ai02722

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Claire S. Nordeck

Mailing Address 201 Saint Mark Way  
 Apartment 404

City State Zip Code  
**Westminister MD 21158-4195**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 09 2009**

Transaction ID: 2009M04L11ai02723

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Jatana H Norris

Mailing Address P.O. Box 930

City State Zip Code  
**North SC 29112-0930**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 19 2009**

Transaction ID: 2009M04L11ai02724

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

**300.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 915 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Jatana H Norris

Mailing Address P.O. Box 930

City

North

State

SC

Zip Code

29112-0930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02725

Amount of Each Receipt this Period

295.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert E. Northrip

Mailing Address 6439 Wenonga Road

City

Mission Hills

State

KS

Zip Code

66208-1723

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02726

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Thomas & Margot R. Norton

Mailing Address 7158 Cavalry Drive

City

Warrenton

State

VA

Zip Code

20187-9187

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02727

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

1020.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 916 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Steve & Pat Notestine

Mailing Address 1825 South Mason

City

St Louis

State

MO

Zip Code

63131-1520

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Quadrant Properties

Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02728

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Dorothea M. Notter

Mailing Address 3386 W. Fairway Dr.

City

Coeur D. Alene

State

ID

Zip Code

83815-8071

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02729

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Dorothea M. Notter

Mailing Address 3386 W. Fairway Dr.

City

Coeur D. Alene

State

ID

Zip Code

83815-8071

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02730

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

1180.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 917 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas E. Nowakowski, Sr.

Mailing Address 7 Chestnut Lane

City

New Hope

State

PA

Zip Code

18938-9206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United Marketing Services  
Inc.

Occupation

Sales Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02731

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thurlow R. Null

Mailing Address 13381 Longview Avenue

City

Waynesboro

State

PA

Zip Code

17268-9403

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02732

Amount of Each Receipt this Period

210.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. McKee Nunnally, Jr.

Mailing Address 3180 Arden Road N.W.

City

Atlanta

State

GA

Zip Code

30305-1917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02733

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 918 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Anthony P. Nuzzi

Mailing Address 56 Maryland Avenue

City

Pennsville

State

NJ

Zip Code

08070-1528

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02734

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul A. Nuzzi, Jr.

Mailing Address 2158 Saint Clair Court

City

Girard

State

OH

Zip Code

44420-1163

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02735

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Derek O' Brien

Mailing Address 12759 Biggin Church Rd. S.

City

Jacksonville

State

FL

Zip Code

32224-7934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02736

Amount of Each Receipt this Period

160.00

**SUBTOTAL** of Receipts This Page (optional) .....

**410.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 919 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Derek O' Brien

Mailing Address 12759 Biggin Church Rd. S.

City

**Jacksonville**

State

**FL**

Zip Code

**32224-7934**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

**Self-Employed**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**420.00**

Date of Receipt

**03 / 24 / 2009**

**Transaction ID: 2009M04L11ai02737**

Amount of Each Receipt this Period

**160.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Derek O' Brien

Mailing Address 12759 Biggin Church Rd. S.

City

**Jacksonville**

State

**FL**

Zip Code

**32224-7934**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

**Self-Employed**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**420.00**

Date of Receipt

**03 / 26 / 2009**

**Transaction ID: 2009M04L11ai02738**

Amount of Each Receipt this Period

**100.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. O' Brien

Mailing Address 2381 Indigo Lane

City

**Glenview**

State

**IL**

Zip Code

**60026-7773**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03 / 19 / 2009**

**Transaction ID: 2009M04L11ai02739**

Amount of Each Receipt this Period

**500.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**760.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 920 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms Dawn O' Connor

Mailing Address 440 Spring Forest Drive

City

New Smyrna Beach

State

FL

Zip Code

32168-8704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Daytona Elevator

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02740

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas H. O' Connor

Mailing Address 55 Pleasant Street

City

Canton

State

MA

Zip Code

02021-2231

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
O' Connor Contractos

Occupation  
Construction Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02741

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas M. O' Connor

Mailing Address P.O. Box 1878

City

Victoria

State

TX

Zip Code

77902-1878

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02742

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 921 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. John M. O' Day

Mailing Address 41 River Road

City

Rollinsford

State

NH

Zip Code

03869-5804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02743

Amount of Each Receipt this Period

240.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John P. O' Hara, Sr.

Mailing Address 319 Reade Dr.

City

Roxboro

State

NC

Zip Code

27573-5138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02744

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edward J. O' Hare

Mailing Address 22500 Orchard Lake Road  
Suite 113

City

Farmington

State

MI

Zip Code

48336-3242

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02745

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

840.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 922 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Edward J. O' Hare

Mailing Address 22500 Orchard Lake Road  
 Suite 113

City State Zip Code  
**Farmington MI 48336-3242**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 31 2009**

Transaction ID: 2009M04L11ai02746

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Michael P. O' Mara

Mailing Address 4928 South Ellis Avenue

City State Zip Code  
**Chicago IL 60615-2708**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 06 2009**

Transaction ID: 2009M04L11ai02747

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Andrew P. O' Meara, Jr.

Mailing Address 259 Fairway Lane

City State Zip Code  
**Pawleys Island SC 29585-5611**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 05 2009**

Transaction ID: 2009M04L11ai02748

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 923 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Andrew P. O' Meara, Jr.

Mailing Address 259 Fairway Lane

City

Pawleys Island

State

SC

Zip Code

29585-5611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02749

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Patrick O' Reilly

Mailing Address 55 Street Of Dreams

City

Village Of Loch LI

State

MO

Zip Code

64012-4178

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Four Leaf Properties, Llc

Occupation  
Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02750

Amount of Each Receipt this Period

205.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Patrick O' Reilly

Mailing Address 55 Street Of Dreams

City

Village Of Loch LI

State

MO

Zip Code

64012-4178

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Four Leaf Properties, Llc

Occupation  
Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02751

Amount of Each Receipt this Period

205.00

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 924 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward O'Connor

Mailing Address 4344 Helene Dr.

City

Charleston

State

SC

Zip Code

29418-5723

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02752

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gerald P. O'Driscoll, Jr.

Mailing Address 10280 Copper Cloud Drive

City

Reno

State

NV

Zip Code

89511-5349

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02753

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Larry J O'Flaherty

Mailing Address 742 South 7th St

City

Upper Sandusky

State

OH

Zip Code

43351-1604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
O'Flaherty Construction  
Co LLC

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02754

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 925 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Robert O'Shaughnessy

Mailing Address 6N751 Foxborough Rd

City

St. Charles

State

IL

Zip Code

60175-6325

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eds

Occupation

Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02755

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jim Oden

Mailing Address 17017 E. 48Th Street

City

Tulsa

State

OK

Zip Code

74134-7242

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Staff Metric, Inc.

Occupation

Sales/Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02756

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ray P. Oden, Jr.

Mailing Address 702 Thora Blvd.

City

Shreveport

State

LA

Zip Code

71106-1824

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02757

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 926 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Freida L. Odum

Mailing Address 1 Myrtlewood Drive

City

Savannah

State

GA

Zip Code

31405-1084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02758

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Odessa L. Ofstad

Mailing Address 872 College Park Place

City

Kirksville

State

MO

Zip Code

63501-1869

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02759

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Roger W. Ogden

Mailing Address 8532 Shingle Oaks Drive

City

Cordova

State

TN

Zip Code

38018-6486

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Southern Systems, Inc.

Occupation  
Field Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02760

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 927 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Victor Ohman

Mailing Address P.O. Box 897

City

Glenrock

State

WY

Zip Code

82637-0897

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02761

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Miss Julia Olah

Mailing Address 110 44Th Street

City

Sandusky

State

OH

Zip Code

44870-4856

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02762

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Jennifer R. Olbum

Mailing Address 1211 Squirrel Hill Avenue

City

Pittsburgh

State

PA

Zip Code

15217-1147

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Daniel Nadler

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02763

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 928 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard C. Oldack

Mailing Address 37 Windsor Drive

City

Bridgeport

State

WV

Zip Code

26330-2807

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai02764

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Martha C. Oliphant

Mailing Address 4977 Glenbrook Road N.W.

City

Washington

State

DC

Zip Code

20016-3222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 9

Transaction ID: 2009M04L11ai02765

Amount of Each Receipt this Period

105.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles P. Oliver

Mailing Address 11648 Edinburgh Way

City

Jacksonville

State

FL

Zip Code

32223-1310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 9

Transaction ID: 2009M04L11ai02766

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 929 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles P. Oliver

Mailing Address 11648 Edinburgh Way

City

Jacksonville

State

FL

Zip Code

32223-1310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02767

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kjell L. Oliversen

Mailing Address 29709 Cojak Circle

City

Boerne

State

TX

Zip Code

78015-4521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02768

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Shirley J. Olson

Mailing Address 132 Westover Dr.

City

Bristol

State

TN

Zip Code

37620-2948

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02769

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 930 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Shirley J. Olson

Mailing Address 132 Westover Dr.

City

Bristol

State

TN

Zip Code

37620-2948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	0	/	2	0	9	

Transaction ID: 2009M04L11ai02770

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jeanne M. Olsen

Mailing Address 1115 Marshall Avenue

City

Richland

State

WA

Zip Code

99354-3352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fluor Hanford

Occupation

Stationary Operating Eng.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	0	/	2	0	9	

Transaction ID: 2009M04L11ai02771

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kelly Olsen

Mailing Address 313 Stone Gate Ln.

City

Provo

State

UT

Zip Code

84604-6223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morinda Inc.

Occupation

Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	9	

Transaction ID: 2009M04L11ai02772

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

475.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 931 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Olsen

Mailing Address 36W720 Wild Rose Rd

City

St Charles

State

IL

Zip Code

60174-1140

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02773

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George W. Olson

Mailing Address 5206 W. 80th Terrace

City

Prairie Village

State

KS

Zip Code

66208-4913

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02774

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Andrew Orlando

Mailing Address 6601 Dearborn Drive

City

Falls Church

State

VA

Zip Code

22044-1122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Visa U.S.A., Inc.

Occupation  
Financial Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02775

Amount of Each Receipt this Period

115.00

**SUBTOTAL** of Receipts This Page (optional) .....

515.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 932 / 1940  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Andrew Orlando

Mailing Address 6601 Dearborn Drive

City	State	Zip Code
Falls Church	VA	22044-1122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Visa U.S.A., Inc.Occupation  
Financial Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	0	9

Transaction ID: 2009M04L11ai02776

Amount of Each Receipt this Period

115.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Dale L. Orłowski

Mailing Address 5913 Skinner Point Blvd. S.

City	State	Zip Code
Gulfport	FL	33707-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	9

Transaction ID: 2009M04L11ai02777

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Yefim Ornstein

Mailing Address 2072 Ocean Avenue  
Suite 102

City	State	Zip Code
Brooklyn	NY	11230-7380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	0	9

Transaction ID: 2009M04L11ai02778

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

965.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 933 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Dr. Yefim Ornstein

Mailing Address 2072 Ocean Avenue  
 Suite 102

City State Zip Code  
 Brooklyn NY 11230-7380

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02779

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
 Dr. Yefim Ornstein

Mailing Address 2072 Ocean Avenue  
 Suite 102

City State Zip Code  
 Brooklyn NY 11230-7380

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02780

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
 Ms. Zandra J. Orr

Mailing Address 6 Red Sky Ln.

City State Zip Code  
 Roswell NM 88201-8315

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 N.M. Subway, Inc.

Occupation  
 Restaurant Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02781

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 934 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Beth Orscheln

Mailing Address 4016 Glen Eagle Drive

City

Columbia

State

MO

Zip Code

65203-4801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02782

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Osgood

Mailing Address 965 Sheldon Avenue

City

Staten Island

State

NY

Zip Code

10309-2229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Police Department

Occupation

Police Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02783

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Osgood

Mailing Address 965 Sheldon Avenue

City

Staten Island

State

NY

Zip Code

10309-2229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Police Department

Occupation

Police Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02784

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 935 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Judith Otten

Mailing Address 122 El Camino

City

Norfolk

State

NE

Zip Code

68701-6704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02785

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jack Oujo

Mailing Address 1540 Highway 138  
Suite 106

City

Wall

State

NJ

Zip Code

07719-3766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jack Oujo Cpa, Inc

Occupation

Financial Planner/Cpa

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02786

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Virginia Overcash

Mailing Address 2628 Freedom Heights

City

Colorado Springs

State

CO

Zip Code

80904-5108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02787

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 936 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Virginia Overcash

Mailing Address 2628 Freedom Heights

City

Colorado Springs

State

CO

Zip Code

80904-5108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai02788

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Russell Marvin Owens

Mailing Address 609 S. Greenwood Avenue

City

Columbia

State

MO

Zip Code

65203-2768

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 9

Transaction ID: 2009M04L11ai02789

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Malcolm W. Owings

Mailing Address 107 Caritas Court

City

Southern Pines

State

NC

Zip Code

28387-2242

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Precinct Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 9

Transaction ID: 2009M04L11ai02790

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 937 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Ms. Jeanne H. Ozment

Mailing Address 9142 Willow Walk

City

Bonita Springs

State

FL

Zip Code

34135-8140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	0	9

Transaction ID: 2009M04L11ai02791

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Tony Pack

Mailing Address 6618 N.E. Loop 820

City

Richland Hills

State

TX

Zip Code

76180-7844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Five Star FordOccupation  
Dealer/Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	9

Transaction ID: 2009M04L11ai02792

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Betty A. Pacocha

Mailing Address P.O. Box 596

City

Kent

State

CT

Zip Code

06757-0596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	0	9

Transaction ID: 2009M04L11ai02793

Amount of Each Receipt this Period

130.00

SUBTOTAL of Receipts This Page (optional) .....

730.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 938 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Valerie N. Page

Mailing Address 403 W. Masonic View Avenue

City

Alexandria

State

VA

Zip Code

22301-2420

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Page Kids

Occupation  
Mom

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02794

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bruce Paget

Mailing Address 3801 Faircircle

City

Midland

State

TX

Zip Code

79707-4311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02795

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Donna Palacios

Mailing Address 1623 Garland Drive

City

Goshen

State

IN

Zip Code

46526-5604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02796

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 939 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth Palestrant

Mailing Address 804 S.E. Portage Avenue

City

Port Saint Lucie

State

FL

Zip Code

34984-5246

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai02797

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gerald Palm

Mailing Address P.O. Box 60

City

Elk Mountain

State

WY

Zip Code

82324-0060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02798

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Caroline Ann Palmer

Mailing Address 3542 Northpointe Drive

City

Las Cruces

State

NM

Zip Code

88012-8515

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02799

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 940 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Morton Palmer

Mailing Address 1401 North Street

City

Beaufort

State

SC

Zip Code

29902-4909

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02800

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Walt Palmieri

Mailing Address 6764 Schuyler Rd

City

E Syracuse

State

NY

Zip Code

13057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
First Tennessee Ftn Finan-  
cial

Occupation  
Fixed Income Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03947

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Erving Henry Pangborn

Mailing Address 2018 Herbert Lane

City

Augusta

State

GA

Zip Code

30906-3656

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02801

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 941 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gene Pantuso

Mailing Address 45605 Citrus Avenue

City

Indio

State

CA

Zip Code

92201-3451

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02802

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert H. Paolucci

Mailing Address 38 Tower Place

City

Fort Thomas

State

KY

Zip Code

41075-2135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ebcox Inc.

Occupation

Real Estate Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02803

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Lois Pardee

Mailing Address 1139 E. Carleton Avenue

City

Orange

State

CA

Zip Code

92867-3867

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
State Of California City  
Of Orange

Occupation

Court Reporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02804

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

1775.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 942 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jacques Pare

Mailing Address 10150 Greensward Link

City

**ljamsville**

State

**MD**

Zip Code

**21754-9636**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rental Investments Proper-  
ties

Occupation

**Property Management**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03 / 19 / 2009**

**Transaction ID: 2009M04L11ai02805**

Amount of Each Receipt this Period

**500.00**

**B.**

Full Name (Last, First, Middle Initial)

Ms. Raquel C. Paredes

Mailing Address P.O. Box 428

City

**Poughquag**

State

**NY**

Zip Code

**12570-0428**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**03 / 10 / 2009**

**Transaction ID: 2009M04L11ai02806**

Amount of Each Receipt this Period

**220.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bruce & Clare Parker

Mailing Address 20008 Hunt Pass Court

City

**Parkton**

State

**MD**

Zip Code

**21120-9094**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Venable, L.L.P.

Occupation

**Attorney**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**03 / 31 / 2009**

**Transaction ID: 2009M04L11ai02807**

Amount of Each Receipt this Period

**300.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1020.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 943 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Irene M. Parker

Mailing Address 209 E. 25Th Street

City

Marysville

State

CA

Zip Code

95901-3253

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai02808

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joe J. Parker

Mailing Address 78 Wall Street

City

Pisgah Forest

State

NC

Zip Code

28768-8915

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai02809

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bill Parks

Mailing Address 51 Olmstead Road

City

Weston

State

WY

Zip Code

82731-8820

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 9

Transaction ID: 2009M04L11ai02810

Amount of Each Receipt this Period

305.00

**SUBTOTAL** of Receipts This Page (optional) .....

905.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 944 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James L. Parks

Mailing Address 646 E. Oak Place

City

Edmond

State

OK

Zip Code

73025-2712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02811

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Larry Parks

Mailing Address P.O. Box 483

City

Buna

State

TX

Zip Code

77612-0483

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02812

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Tito L. Parola

Mailing Address 806 N. Batavia St.

City

Orange

State

CA

Zip Code

92868-1242

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Associated Laboratories

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02813

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 945 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. William Parrish

Mailing Address P.O. Box 1128  
 1401 N. Arendell Avenue

City State Zip Code  
 Zebulon NC 27597-1128

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02814

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Joe Parsley

Mailing Address 10 Waterford Oaks Ln.

City State Zip Code  
 Kemah TX 77565-2922

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02815

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
 Ms. Rosanne Paschal

Mailing Address 957 Eddystone Circle

City State Zip Code  
 Naperville IL 60565-6113

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
College Of Dupage

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02816

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 946 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Betty Rae Pastoor

Mailing Address 3062 E. 3200 N.

City

Twin Falls

State

ID

Zip Code

83301-0518

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02817

Amount of Each Receipt this Period

210.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James R. Paterson

Mailing Address 2415 Keyberry Lane

City

Bowie

State

MD

Zip Code

20715-2849

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ngia

Occupation  
Nautical Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02818

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Patrick

Mailing Address 90 Navarre

City

Irvine

State

CA

Zip Code

92612-1721

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fluor Corporation

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02819

Amount of Each Receipt this Period

115.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 947 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steward Patrick

Mailing Address 1315 Hagys Ford Road

City

Penn Valley

State

PA

Zip Code

19072-1104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02820

Amount of Each Receipt this Period

330.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Patten

Mailing Address 315 Lansdowne Rd.

City

Havertown

State

PA

Zip Code

19083-5305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Everchem Llc

Occupation  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02821

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Kathleen Patterson

Mailing Address 1450 Sylvaner Avenue

City

Saint Helena

State

CA

Zip Code

94574-2338

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02822

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1080.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 948 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth Paul

Mailing Address 6417 S.E. Congressional Lane

City State Zip Code  
**Stuart FL 34997-8609**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 06 2009**

Transaction ID: 2009M04L11ai02823

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Gary L. Paulson

Mailing Address 13519 Cahill Lane

City State Zip Code  
**Cypress TX 77429-5149**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
B.P. America Inc.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 17 2009**

Transaction ID: 2009M04L11ai02824

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Vernon O. Paulson

Mailing Address 51 Ivy Hill Road

City State Zip Code  
**Red Bank NJ 07701-5121**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A.X.A./Equitable

Occupation  
Financial Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 03 2009**

Transaction ID: 2009M04L11ai02825

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

**770.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 949 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mildred Pavlic

Mailing Address 606 Troy Drive

City

Steubenville

State

OH

Zip Code

43953-3332

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02826

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mildred Pavlic

Mailing Address 606 Troy Drive

City

Steubenville

State

OH

Zip Code

43953-3332

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02827

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mildred Pavlic

Mailing Address 606 Troy Drive

City

Steubenville

State

OH

Zip Code

43953-3332

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02828

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 950 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Don S. Payne, USA (Ret)

Mailing Address 12525 N. Pennsylvania Avenue  
 Apartment 119

City State Zip Code  
 Oklahoma City OK 73120-9449

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02829

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Don S. Payne, USA (Ret)

Mailing Address 12525 N. Pennsylvania Avenue  
 Apartment 119

City State Zip Code  
 Oklahoma City OK 73120-9449

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02830

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mrs. Nyla R. Payne

Mailing Address 7250 Poplar Street  
 Apartment 124

City State Zip Code  
 Boise ID 83704-7366

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02831

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 951 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Will Peacock

Mailing Address 2727 Paces Ferry Rd  
 Suite 2-450

City State Zip Code  
 Atlanta GA 30339-4007

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 lic, llc

Occupation  
 Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02832

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Preston A. Peak

Mailing Address 3500 Princeton Avenue

City State Zip Code  
 Dallas TX 75205-3247

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02833

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. F. G. Pearce

Mailing Address 44732 Garden Court

City State Zip Code  
 Davis CA 95618-1002

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02834

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 952 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Pearce

Mailing Address 9870 Breezy Point Lane

City

Hayes

State

VA

Zip Code

23072-4019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Riverside Health System

Occupation

Health Care Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai02835

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Rosemarie S. Pease

Mailing Address 1482 Ridgewood Road

City

Pleasanton

State

CA

Zip Code

94566-6056

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Whmayeracctg

Occupation

Tax Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 9

Transaction ID: 2009M04L11ai02836

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Rosemarie S. Pease

Mailing Address 1482 Ridgewood Road

City

Pleasanton

State

CA

Zip Code

94566-6056

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Whmayeracctg

Occupation

Tax Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai02837

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 953 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary Ann Peck

Mailing Address P.O. Box 78

City

Quartzsite

State

AZ

Zip Code

85346-0078

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02838

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Russell Maurice Peck

Mailing Address 5015 Westerdale Drive

City

Fulshear

State

TX

Zip Code

77441-4216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02839

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mara Peck-Colin

Mailing Address 20215 County Road 94A

City

Woodland

State

CA

Zip Code

95695-9363

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02840

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 954 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Alan G. Pedersen

Mailing Address P.O. Box 1853

City

Los Altos

State

CA

Zip Code

94023-1853

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02841

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Parrell Pedersen

Mailing Address 409 Pine Street

City

Klamath Falls

State

OR

Zip Code

97601-6020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pedersen & Pedersen Archi-  
tects

Occupation  
Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02842

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Steven D. Pedro, M.D.

Mailing Address 7833 Oakmont Blvd.

City

Fort Worth

State

TX

Zip Code

76132-4231

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02843

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 955 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stuart A. Peebles

Mailing Address P.O. Box 752

City

Rome

State

GA

Zip Code

30162-0752

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02844

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stuart A. Peebles

Mailing Address P.O. Box 752

City

Rome

State

GA

Zip Code

30162-0752

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02845

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John B. Pelligrino

Mailing Address 5437 Cherry Street Extension

City

Erie

State

PA

Zip Code

16509-3107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02846

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 956 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John B. Pelligrino

Mailing Address 5437 Cherry Street Extension

City

Erie

State

PA

Zip Code

16509-3107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02847

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. William Peluchowski

Mailing Address 1438 S. Prairie Avenue

City

Chicago

State

IL

Zip Code

60605-2884

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Houlinan, Loker, Howard  
& Zulkin

Occupation

Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02848

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David A. Pendery

Mailing Address 326 N. Grand Avenue

City

Waxahachie

State

TX

Zip Code

75165-2220

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Magnablend, Inc.

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02849

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

920.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 957 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Michel Pendill

Mailing Address 440 E. 57Th Street  
 Apartment 8A

City State Zip Code  
 New York NY 10022-3050

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02850

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Francis Noreen Pendley

Mailing Address 6000 San Jose Blvd.

City State Zip Code  
 Jacksonville FL 32217-2347

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02851

Amount of Each Receipt this Period

450.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Francis Noreen Pendley

Mailing Address 6000 San Jose Blvd.

City State Zip Code  
 Jacksonville FL 32217-2347

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02852

Amount of Each Receipt this Period

450.00

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 958 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Glenn E. Penisten

Mailing Address 11651 Brooks Road

City

Windsor

State

CA

Zip Code

95492-9433

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02853

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

D. V. Penland

Mailing Address 2722 Larsen Road

City

Jacksonville

State

FL

Zip Code

32207-7220

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02854

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Melanie A. Penna

Mailing Address 560 Meadow Lark Lane

City

Hockessin

State

DE

Zip Code

19707-9640

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Comcast Cable Communicati-  
ons

Occupation  
Vice President Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02855

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 959 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Fernando J. Perez

Mailing Address 14 Hibernia Road

City

Savannah

State

GA

Zip Code

31411-1439

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
G.A. Energy Association

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02856

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert S. Perkin

Mailing Address 160 Brookside Road

City

Darien

State

CT

Zip Code

06820-2804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02857

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Samuel Perkins

Mailing Address 2836 Chesapeake Street Nw

City

Washington

State

DC

Zip Code

20008-1044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Steptoe & Johnson LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02858

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 960 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Marie Therese Pero

Mailing Address 3037 122Nd Place N.E.

City

Bellevue

State

WA

Zip Code

98005-1522

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02859

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Perricone

Mailing Address 18 Old Course Drive

City

Newport Beach

State

CA

Zip Code

92660-4276

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Perricone Investments

Occupation  
C.F.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1740.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02860

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Henry A. Perry

Mailing Address 210 Summit Avenue

City

Brookline

State

MA

Zip Code

02446-2357

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02861

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

1375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 961 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Paul K. Perry

Mailing Address 3401 N. Wilder Rd.

City

State

Zip Code

Plant City

FL

33565-2677

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tampabay Emergency Physic-  
ians

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02862

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Nicholas Perusina

Mailing Address 1700 SW 14 Street

City

State

Zip Code

Miami

FL

33145-1406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02863

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Nicholas Perusina

Mailing Address 1700 SW 14 Street

City

State

Zip Code

Miami

FL

33145-1406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02864

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 962 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Nicholas Perusina

Mailing Address 1700 SW 14 Street

City

Miami

State

FL

Zip Code

33145-1406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02865

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Nicholas Perusina

Mailing Address 1700 SW 14 Street

City

Miami

State

FL

Zip Code

33145-1406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02866

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Roland O. Peteler

Mailing Address 1467 Grenoside Avenue

City

Schenectady

State

NY

Zip Code

12308-1503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02867

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 963 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Dr. Rodney C. Petersen

Mailing Address 1350 S. 1000 E.

City State Zip Code  
 Mapleton UT 84664-5023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Utah Valley Radiology Ass-  
 ociates

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02868

Amount of Each Receipt this Period

930.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. T. K. Petersen

Mailing Address 1050 Franklin Street

City State Zip Code  
 Santa Monica CA 90403

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Requested

Occupation  
 Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02869

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. C. De Witt Peterson

Mailing Address 310 Pleasant Valley Avenue

City State Zip Code  
 Moorestown NJ 08057-2610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02870

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1430.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 964 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Dan Peterson

Mailing Address 40 Road 4C.P.

City

Meeteetse

State

WY

Zip Code

82433-0171

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02871

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Daryl Peterson

Mailing Address 6115 W. Olmstead Road

City

Ludington

State

MI

Zip Code

49431-9754

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bushel Basket Orchards In-  
c.

Occupation  
Fruit Grower and Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02872

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Peterson

Mailing Address 2810 Chariot Lane

City

Garland

State

TX

Zip Code

75044-5546

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Raytheon

Occupation  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02873

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 965 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas A. Peterson

Mailing Address 560 Park Drive

City

Shady Cove

State

OR

Zip Code

97539-9751

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02874

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Valera L. Peterson

Mailing Address 3129 Lochridge Lane

City

Springfield

State

IL

Zip Code

62704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02875

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Julie A. Petracca

Mailing Address 342 Orange Street  
Apartment 10

City

Newark

State

NJ

Zip Code

07103-2851

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02876

Amount of Each Receipt this Period

65.00

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 966 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Francis Petro

Mailing Address P.O. Box 15549

City

**Syracuse**

State

**NY**

Zip Code

**13215-0549**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Haynes International, Inc.

Occupation

**President / C.E.O.**

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**330.00**

Date of Receipt

**03 / 02 / 2009**

**Transaction ID: 2009M04L11ai02877**

Amount of Each Receipt this Period

**330.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Petrou

Mailing Address 82 Marmion Way

City

**Rockport**

State

**MA**

Zip Code

**01966-1926**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

**Retired**

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**03 / 11 / 2009**

**Transaction ID: 2009M04L11ai02878**

Amount of Each Receipt this Period

**1000.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Steven Petrucelli

Mailing Address 167 Ridge Road

City

**Watchung**

State

**NJ**

Zip Code

**07069-5428**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Daiichi-Sankyo, Inc.

Occupation

**Marketing Research**

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**230.00**

Date of Receipt

**03 / 18 / 2009**

**Transaction ID: 2009M04L11ai02879**

Amount of Each Receipt this Period

**50.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1380.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 967 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Catherine M. Pettengill

Mailing Address 110 Eileen Drive

City

Cedar Grove

State

NJ

Zip Code

07009-1352

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02880

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Todd C. Pettengill

Mailing Address 110 Eileen Drive

City

Cedar Grove

State

NJ

Zip Code

07009-1352

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Citadel Broadcasting

Occupation

Radio Host

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02881

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David A. Pettit

Mailing Address 379 Fynn Valley Drive

City

Las Vegas

State

NV

Zip Code

89148-4454

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Southwest Surveillance Systems

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02882

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

5610.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 968 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Scott Petty, Jr.

Mailing Address 202 La Jara Blvd

City

San Antonio

State

TX

Zip Code

78209-4444

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker & Rancher

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02883

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Beverly Pevehouse

Mailing Address 810 Canonero Street

City

Midland

State

TX

Zip Code

79705-1802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02884

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Jeannie Pfister

Mailing Address 3987 Southwoods Drive

City

Howell

State

MI

Zip Code

48843-9406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
B B & J Associates

Occupation

Manufacturer's Rep

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02885

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 969 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Rudolf A. Pfeleger, Sr.

Mailing Address 206 Katie Drive

City

Feasterville Trevo

State

PA

Zip Code

19053-7328

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Iner Precision

Occupation

Sales Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02886

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Rudolf A. Pfeleger, Sr.

Mailing Address 206 Katie Drive

City

Feasterville Trevo

State

PA

Zip Code

19053-7328

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Iner Precision

Occupation

Sales Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02887

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Caroline L. Pham

Mailing Address 3700 Laburman Drive

City

Randallstown

State

MD

Zip Code

21133-1513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Vietnamese Ameri-  
can Voters Le

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02888

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 970 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Joyce Phelps

Mailing Address 1500 Hinman Avenue  
 Apartment 301

City State Zip Code  
**Evanston IL 60201-4646**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

**Transaction ID: 2009M04L11ai02889**

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Fred Joe Philbin

Mailing Address 15060 Washington Drive

City State Zip Code  
**Fontana CA 92335-6287**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 6 / 2 0 0 9**

**Transaction ID: 2009M04L11ai02890**

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Fred Joe Philbin

Mailing Address 15060 Washington Drive

City State Zip Code  
**Fontana CA 92335-6287**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 3 1 / 2 0 0 9**

**Transaction ID: 2009M04L11ai02891**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 971 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Fred Joe Philbin

Mailing Address 15060 Washington Drive

City

Fontana

State

CA

Zip Code

92335-6287

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02892

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Glen A. Philips

Mailing Address 235 Sweet Spring Road

City

Glenmoore

State

PA

Zip Code

19343-2600

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Phelps Brothers Electrical  
Contractor

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02893

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Colonel & Verne Philips

Mailing Address 7313 Mesa Drive

City

Austin

State

TX

Zip Code

78731-2105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02894

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

1120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 972 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Donovan Phillips

Mailing Address 134 W. Shipyard Rd.

City

Mount Pleasant

State

SC

Zip Code

29464-2678

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mountain Creek Contractor-  
s, Inc.

Occupation  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02895

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Phillips

Mailing Address 1001 Harvey Street

City

Raleigh

State

NC

Zip Code

27608-2331

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02896

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Vance W. Phillips

Mailing Address 7501 E. Thompson Peak Parkway  
Unit 426

City

Scottsdale

State

AZ

Zip Code

85255-4544

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02897

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

2550.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 973 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Rene E. Pidoux, M.D.

Mailing Address 435 Arden Avenue  
 Suite 410

City State Zip Code  
 Glendale CA 91203-4020

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Requested

Occupation  
 Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02898

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Hanns A. Pielenz

Mailing Address 740 Manatee Cove

City State Zip Code  
 Vero Beach FL 32963-3728

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02899

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. & Mrs. Dave L. Pierce

Mailing Address 58 Mc Gowan Road

City State Zip Code  
 Ogdensburg NY 13669-4325

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02900

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

1225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 974 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Dave L. Pierce

Mailing Address 58 Mc Gowan Road

City

Ogdensburg

State

NY

Zip Code

13669-4325

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02901

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Martin Pierce

Mailing Address 2341 N. Suntuoso Court  
Apartment 11

City

Farmington

State

NM

Zip Code

87401-2188

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02902

Amount of Each Receipt this Period

1200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ronald D. Pierce

Mailing Address 33751 Blessington Lane

City

San Juan Capo

State

CA

Zip Code

92675-4958

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02903

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 975 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)  Joya Piland</p> <p>Mailing Address 3086  Quail St.</p> <p>City State Zip Code  Grand Junction CO 81504</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self Occupation Embroidery</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 3 / 3 0 / 2 0 0 9</p> <p>Transaction ID: 2009M04L11ai02904</p> <p>Amount of Each Receipt this Period  250.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)  Mrs. Maria Piscoya</p> <p>Mailing Address P.O. Box 924167</p> <p>City State Zip Code  Houston TX 77292-4167</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Nutri Vitamin Occupation Manager</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  600.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 3 / 0 4 / 2 0 0 9</p> <p>Transaction ID: 2009M04L11ai02905</p> <p>Amount of Each Receipt this Period  500.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)  Mrs. Maria Piscoya</p> <p>Mailing Address P.O. Box 924167</p> <p>City State Zip Code  Houston TX 77292-4167</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Nutri Vitamin Occupation Manager</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  600.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 3 / 1 3 / 2 0 0 9</p> <p>Transaction ID: 2009M04L11ai02906</p> <p>Amount of Each Receipt this Period  100.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶</p> <p>850.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 976 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeffery J. Pitman

Mailing Address 2741 W 91st St

City

Bloomington

State

MN

Zip Code

55431-2110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 ENTAMP CONTY

Occupation  
 MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02907

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William A. Pitt

Mailing Address 1349 Partridge Avenue

City

El Cajon

State

CA

Zip Code

92020-1480

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02908

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James D Pittman

Mailing Address 8525 Douglas Ave Ste 40

City

Urbandale

State

IA

Zip Code

50322-2925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Requested

Occupation  
 Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02909

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 977 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John B. Place

Mailing Address 34 Pond Lane

City

Bryn Mawr

State

PA

Zip Code

19010-1772

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02910

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Oscar A. Plasencia, Jr.

Mailing Address 2603 S.W. 122Nd Avenue

City

Davie

State

FL

Zip Code

33330-1329

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Miami-Dade Police Depart-  
ment

Occupation  
Police Detective

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02911

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Andreas M. Pleil

Mailing Address 2241 Vista La Nisa

City

Carlsbad

State

CA

Zip Code

92009-8712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02912

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 978 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. John Ploth

Mailing Address 722 Walnut Street  
 Apartment 306

City State Zip Code  
 Kansas City MO 64106-1609

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02913

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Matthias Plum, Jr.

Mailing Address 172 Beacon Street

City State Zip Code  
 Boston MA 02116-1401

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02914

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
 Ms. Elizabeth Plumleigh

Mailing Address 2132 N. Victoria Drive

City State Zip Code  
 Santa Ana CA 92706-2516

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02915

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 979 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frank C. Poague

Mailing Address 8363 Cedarcrest Dr. E.

City

Southaven

State

MS

Zip Code

38671-3415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02916

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frank C. Poague

Mailing Address 8363 Cedarcrest Dr. E.

City

Southaven

State

MS

Zip Code

38671-3415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02917

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Miss Michal Elizabeth Poche

Mailing Address 200D Dublin Circle

City

Lafayette

State

LA

Zip Code

70506-3865

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Arthur C. Leblanc, Jr. Cpl  
& Associate

Occupation  
Landman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02918

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 980 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Miss Michal Elizabeth Poche

Mailing Address 200D Dublin Circle

City

Lafayette

State

LA

Zip Code

70506-3865

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Arthur C. Leblanc, Jr. Cpl  
& Associate

Occupation  
Landman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02919

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Susan Poff

Mailing Address 7900 S. Stivers Road

City

Germantown

State

OH

Zip Code

45327-7523

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02920

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Glen Jeffrey Poffenbarger

Mailing Address 11901 Sawhill Blvd.

City

Spotsylvania

State

VA

Zip Code

22553-3647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medicorp

Occupation  
Neurosurgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02921

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 981 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Ava Polansky-Bak

Mailing Address 330 Dogwood Lane

City

Manhasset

State

NY

Zip Code

11030-2562

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Adamba Imports

Occupation  
Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02922

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Ava Polansky-Bak

Mailing Address 330 Dogwood Lane

City

Manhasset

State

NY

Zip Code

11030-2562

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Adamba Imports

Occupation  
Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02923

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Ava Polansky-Bak

Mailing Address 330 Dogwood Lane

City

Manhasset

State

NY

Zip Code

11030-2562

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Adamba Imports

Occupation  
Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02924

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 982 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Ava Polansky-Bak

Mailing Address 330 Dogwood Lane

City

Manhasset

State

NY

Zip Code

11030-2562

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Adamba Imports

Occupation  
Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02925

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Louis J. Poletti

Mailing Address 333 El Camino Real

City

South San Francisco

State

CA

Zip Code

94080-5923

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02926

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alton Polk

Mailing Address 3613 Blain Drive

City

Rowlett

State

TX

Zip Code

75088-6069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02927

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 983 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Anthony J. Ponsiglione, II

Mailing Address 1030 Manakin Road

City

Manakin Sabot

State

VA

Zip Code

23103-3142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A.M.F. Worldwide

Occupation

Vice President Of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02928

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David R. Poole

Mailing Address 8245 Thimble Court

City

San Diego

State

CA

Zip Code

92129-3777

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02929

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. James Pope

Mailing Address 207 Lakeview Circle

City

Montgomery

State

TX

Zip Code

77356-5927

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02930

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 984 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jim Popp

Mailing Address 781 Pinecliff Pl.

City

Columbus

State

OH

Zip Code

43085-1906

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Orthopedic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02931

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dan B. Porter

Mailing Address 5230 East Honeywood Lane

City

Anaheim

State

CA

Zip Code

92807-3602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02932

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Margaret Porter

Mailing Address 2207 Manhattan Blvd.

City

Spirit Lake

State

IA

Zip Code

51360-7542

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02933

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 985 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Porter

Mailing Address 1829 S.W. 146Th Street

City

Burien

State

WA

Zip Code

98166-1022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02934

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Val J. Porter

Mailing Address 1161 Mc Nutt Crossing

City

Bogart

State

GA

Zip Code

30622-2498

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02935

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Val J. Porter

Mailing Address 1161 Mc Nutt Crossing

City

Bogart

State

GA

Zip Code

30622-2498

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02936

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 986 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jeraldine L. Potras

Mailing Address 1055 E. Eckerman Avenue

City

West Covina

State

CA

Zip Code

91790-1742

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Compton Community College  
Dist

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02937

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jeraldine L. Potras

Mailing Address 1055 E. Eckerman Avenue

City

West Covina

State

CA

Zip Code

91790-1742

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Compton Community College  
Dist

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02938

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Anne D. Potter

Mailing Address 15342 Round Island

City

Clayton

State

NY

Zip Code

13624-2026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02939

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 987 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James C. Powell

Mailing Address 2409 Payne Street

City

Evanston

State

IL

Zip Code

60201-2512

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Investment  
Management

Occupation

Investment Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02940

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Wellington Powell

Mailing Address 4230 N. 68Th Place

City

Scottsdale

State

AZ

Zip Code

85251-2312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northern Trust Bank

Occupation

Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02941

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William E. Powell

Mailing Address 2202 Patterson Place

City

Arlington

State

TX

Zip Code

76012-5505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02942

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

1470.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 988 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Carolyn C. Powers

Mailing Address 2012 The Strand

City State Zip Code  
**Manhattan Beach CA 90266-4559**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 13 2009**

Transaction ID: 2009M04L11ai02943

Amount of Each Receipt this Period

1900.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Powers

Mailing Address 5310 E. Wonderview Road

City State Zip Code  
**Phoenix AZ 85018-1941**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Powers Steel & Wire Inc.

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 11 2009**

Transaction ID: 2009M04L11ai02944

Amount of Each Receipt this Period

550.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William Powers

Mailing Address 2012 The Strand

City State Zip Code  
**Manhattan Beach CA 90266-4559**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 13 2009**

Transaction ID: 2009M04L11ai02945

Amount of Each Receipt this Period

1900.00

**SUBTOTAL** of Receipts This Page (optional) .....

**4350.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 989 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Dianna Broussard Prachyl

Mailing Address 232 Pin Oak Dr.

City

Mabank

State

TX

Zip Code

75156-7160

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02946

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Roger A. Pratesi

Mailing Address 3545 Paces Ferry Cir. S. E.

City

Smyrna

State

GA

Zip Code

30080-3129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02947

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James D. Pratt

Mailing Address 18245 SE Village Circle

City

Tequesta

State

FL

Zip Code

33469-3403

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02948

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 990 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jane S. Pratt

Mailing Address 1479 SW Shoreline Dr.

City

Palm City

State

FL

Zip Code

34990-4535

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02949

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John T. Pratt

Mailing Address 1479 S.W. Shoreline Drive

City

Palm City

State

FL

Zip Code

34990

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02950

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bernarr R. Pravel

Mailing Address 8580 Woodway Dr.  
Apt. 1303

City

Houston

State

TX

Zip Code

77063-2469

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02951

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 991 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Cathy J. Prenner

Mailing Address 2637 N.E. 28Th Court

City

Lighthouse Point

State

FL

Zip Code

33064-8219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02952

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Mimi Prentice

Mailing Address 435 E. 52nd Street  
Apartment 12G

City

New York

State

NY

Zip Code

10022-6445

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02953

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Prescott

Mailing Address 6147 Menlo Drive

City

Baton Rouge

State

LA

Zip Code

70808-5054

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Co Op Bookstore, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02954

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Harold W. Preston

Mailing Address 1613 Reunion Circle

City

Carrollton

State

TX

Zip Code

75007-5026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
W.E.B. Technology, Inc.

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02955

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. A. S. Price, Jr.

Mailing Address 1815 Enclave Parkway  
Apartment 4301

City

Houston

State

TX

Zip Code

77077-3666

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02956

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Herbert H. Price

Mailing Address 17031 Bullfield Road

City

Doswell

State

VA

Zip Code

23047-1902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
H. & L. Price, Inc.

Occupation  
Highway Construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02957

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Will & Carolyn T. Price

Mailing Address 2634 Lowell Circle

City

Melbourne

State

FL

Zip Code

32935-2217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02958

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Will & Carolyn T. Price

Mailing Address 2634 Lowell Circle

City

Melbourne

State

FL

Zip Code

32935-2217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02959

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Karin Prince

Mailing Address 300 Overlook Lane

City

Gulph Mills

State

PA

Zip Code

19428-2634

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Prince Group Inc

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02960

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 994 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Nazaro Propati

Mailing Address 1703 St. Andrew Drive

City

Vernon Hills

State

IL

Zip Code

60061-1053

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Aon

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02961

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Nazaro Propati

Mailing Address 1703 St. Andrew Drive

City

Vernon Hills

State

IL

Zip Code

60061-1053

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Aon

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02962

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ed Prosser

Mailing Address P.O. Box 14

City

Cheyenne

State

WY

Zip Code

82003-0014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02963

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Jane E. Protz

Mailing Address 115 Saltwater Way

City

Savannah

State

GA

Zip Code

31411-1207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02964

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William Pruchnic

Mailing Address 162 Lauren Lane

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02965

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gary Pruden

Mailing Address 15 Kellocks Run Road

City

Hummelstown

State

PA

Zip Code

17036-9182

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S.F. Glen Moore

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02966

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 996 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mickey Pruitt

Mailing Address R.R. 1 Box 16

City

State

Zip Code

Ratliff City

OK

73481-9711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02967

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ted A. Pruitt

Mailing Address 2617 Kenwood Drive

City

State

Zip Code

Duluth

GA

30096-3637

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02968

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen & Katherine Pryor

Mailing Address 4 Lazy Wood Lane

City

State

Zip Code

Houston

TX

77024-7541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02969

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

4800.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 997 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert J. Pugh

Mailing Address 4 Westwood Forest Lane

City

Kirkwood

State

MO

Zip Code

63122-6556

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02970

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert J. Pugh

Mailing Address 4 Westwood Forest Lane

City

Kirkwood

State

MO

Zip Code

63122-6556

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02971

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael Pulick

Mailing Address 1745 Stonebridge Drive S.

City

Ann Arbor

State

MI

Zip Code

48108-8511

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02972

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 998 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Edward Allen Pundt

Mailing Address 1748 U. Ave

City State Zip Code  
 Homestead IA 52236-8532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02973

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
 Ms. Nancy Z. Punola

Mailing Address 210 Central Avenue

City State Zip Code  
 Madison NJ 07940-1611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02974

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
 Ms. Linda L. Purcell

Mailing Address 920 N. Locust Lane

City State Zip Code  
 Tacoma WA 98406-1092

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Requested

Occupation  
 Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02975

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 999 / 1940  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Barbara L. Purdon

Mailing Address P.O. Box 2307

City

Oxford

State

MS

Zip Code

38655-6000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardiology Consultants Of  
Oxford

Occupation  
Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02976

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lynn Purdy

Mailing Address P.O. Box 1995

City

Upland

State

CA

Zip Code

91785-1995

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
T.R.L. Systems

Occupation  
Sales Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02977

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. James L. Putnam

Mailing Address 203 Ash Avenue

City

Tintah

State

MN

Zip Code

56583-8321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02978

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1000 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. James L. Putnam

Mailing Address 203 Ash Avenue

City

Tintah

State

MN

Zip Code

56583-8321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02979

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Freddie Pyron

Mailing Address 535 Futral Road

City

Griffin

State

GA

Zip Code

30224-7516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TWA

Occupation  
Ramp Servicer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02980

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Burl V. Quimby

Mailing Address P.O. Box 351

City

Chaton

State

AL

Zip Code

36518-0351

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02981

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1001 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Burl V. Quimby

Mailing Address P.O. Box 351

City

Chaton

State

AL

Zip Code

36518-0351

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02982

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Lee & David Quincy

Mailing Address P.O. Box 337

City

South Orleans

State

MA

Zip Code

02662-0337

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02983

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Vernon Rabel

Mailing Address 1145 County Road 218

City

Weimar

State

TX

Zip Code

78962-5183

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02984

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1002 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Vernon Rabel

Mailing Address 1145 County Road 218

City

Weimar

State

TX

Zip Code

78962-5183

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02985

Amount of Each Receipt this Period

165.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Vernon Rabel

Mailing Address 1145 County Road 218

City

Weimar

State

TX

Zip Code

78962-5183

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02986

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bobby Rackler

Mailing Address 1881 N Us 385

City

Levelland

State

TX

Zip Code

79336

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02987

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

565.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1003 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Raffaele, Jr.

Mailing Address 1040 Brazos Heights Road

City

Mineral Wells

State

TX

Zip Code

76067-1730

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self - Employed

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02988

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Eloise Ragland

Mailing Address 1815 Sherry Lea Drive

City

Neosho

State

MO

Zip Code

64850-2930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ragland Mills, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02989

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John M. Rainey

Mailing Address 309 Coulee Croche Road

City

Sunset

State

LA

Zip Code

70584-5909

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Louisiana Oncology Associ-  
ates

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02990

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1004 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ronald Paul Rainey

Mailing Address 315 S. Beverly Drive  
Suite 407

City State Zip Code  
Beverly Hills CA 90212-4301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ron Rainey Management, In-  
c.

Occupation  
Personal Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02991

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Lynanne G. Rales

Mailing Address 6800 Hillmead Road

City State Zip Code  
Bethesda MD 20817-3026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02992

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Christine A. Ralphs

Mailing Address 26314 Ravenhill Road

City State Zip Code  
Santa Clarita CA 91387-4047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Crossmark So California

Occupation  
Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02993

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

2320.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1005 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Christine A. Ralphs

Mailing Address 26314 Ravenhill Road

City

**Santa Clarita**

State

**CA**

Zip Code

**91387-4047**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Crossmark So California

Occupation

**Account Manager**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 02 / 2009**

**Transaction ID: 2009M04L11ai02994**

Amount of Each Receipt this Period

**100.00**

**B.**

Full Name (Last, First, Middle Initial)

Ms. Christine A. Ralphs

Mailing Address 26314 Ravenhill Road

City

**Santa Clarita**

State

**CA**

Zip Code

**91387-4047**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Crossmark So California

Occupation

**Account Manager**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 23 / 2009**

**Transaction ID: 2009M04L11ai02995**

Amount of Each Receipt this Period

**50.00**

**C.**

Full Name (Last, First, Middle Initial)

Thomas Ralston

Mailing Address 14235 Ridgmontdrive

City

**Urbandale**

State

**IA**

Zip Code

**50323-2284**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S.Army

Occupation

**Ret.**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 31 / 2009**

**Transaction ID: 2009M04L11ai02996**

Amount of Each Receipt this Period

**250.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**400.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1006 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Hobart G. Rand

Mailing Address 2783 Elm Street

City

Manchester

State

NH

Zip Code

03104-1657

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02997

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

John L Randall

Mailing Address 219 N High St

City

Mankato

State

KS

Zip Code

66956

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02998

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Clyde E. Rankin, III

Mailing Address 10 W. 66Th Street  
Apartment 18F

City

New York

State

NY

Zip Code

10023-6210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Condert Brothers

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02999

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1007 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David H. Rankin

Mailing Address 3631 Cypress Club Drive

City

Charlotte

State

NC

Zip Code

28210-2460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03000

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Margie A. Rankin

Mailing Address 3007 Bowman Street

City

Las Cruces

State

NM

Zip Code

88005-3704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Las Cruces Public Schools

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03001

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert L. Rankin

Mailing Address P.O. Box 168

City

Yakima

State

WA

Zip Code

98907-0168

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03002

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1008 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William D. Rankin

Mailing Address 220 N. Dithridge Street  
 Apartment 1000

City State Zip Code  
 Pittsburgh PA 15213-1425

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03003

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary L. Rankin Waters

Mailing Address 100 Harbor View Dr.  
 Apartment 403

City State Zip Code  
 Port Washington NY 11050-4719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03004

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Jaak E. Rannik

Mailing Address 1530 Salvatierra Drive

City State Zip Code  
 Coral Gables FL 33134-6240

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
B. & R. Group, Inc.

Occupation  
Businessman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03005

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1009 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Reba B. Ransom

Mailing Address 7131 E. 6Th Avenue

City

Denver

State

CO

Zip Code

80220-5532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03006

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary C. Rasicot

Mailing Address 32 Fitzys Way

City

North Attleboro

State

MA

Zip Code

02760-4223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03007

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bruce D. Rasmussen

Mailing Address 10385 Rue Chantemar

City

San Diego

State

CA

Zip Code

92131-2260

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03008

Amount of Each Receipt this Period

180.00

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1010 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Geoffrey Rausch

Mailing Address 5075 Southlake Drive

City

Alpharetta

State

GA

Zip Code

30005-4334

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03009

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Timothy J. Raver

Mailing Address P.O.Box 2315  
445 Aspen Drive #7

City

Jackson

State

WY

Zip Code

83001-2315

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03010

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eugene A. Ravizza

Mailing Address 9 O'Keefe Lane

City

Los Altos Hills

State

CA

Zip Code

94022-4610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03011

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1011 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard Rawlings

Mailing Address 6 Greenmeadow Lane

City

Bedford

State

NH

Zip Code

03110-6301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03012

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Rawlings

Mailing Address P.O. Box 4040

City

Pueblo

State

CO

Zip Code

81003-0040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03013

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James R. Ray

Mailing Address 1444 Mulberry Road

City

Barnwell

State

SC

Zip Code

29812-5440

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03014

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1012 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. Bruce A. Raymond

Mailing Address 218 Salem Drive

City

Pittsburgh

State

PA

Zip Code

15241-2226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	0	9

Transaction ID: 2009M04L11ai03015

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Ms Beverly J. Razook

Mailing Address 185 S. Avenida Felipe

City

Anaheim

State

CA

Zip Code

92807-3735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	0	9

Transaction ID: 2009M04L11ai03016

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Bonnie L. Re

Mailing Address 5668 N.W. 23Rd Terrace

City

Boca Raton

State

FL

Zip Code

33496-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	0	9

Transaction ID: 2009M04L11ai03017

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

1350.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1013 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Bonnie L. Re

Mailing Address 5668 N.W. 23Rd Terrace

City State Zip Code  
**Boca Raton FL 33496-2804**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 6 / 2 0 0 9**

Transaction ID: 2009M04L11ai03018

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Bonnie L. Re

Mailing Address 5668 N.W. 23Rd Terrace

City State Zip Code  
**Boca Raton FL 33496-2804**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 6 / 2 0 0 9**

Transaction ID: 2009M04L11ai03019

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ralph M Reahard, III

Mailing Address 15310 Amberly Drive  
Suite 250

City State Zip Code  
**Tampa FL 33647-1642**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 4 / 2 0 0 9**

Transaction ID: 2009M04L11ai03020

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1014 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ralph M Reahard, III

Mailing Address 15310 Amberly Drive  
Suite 250

City State Zip Code  
Tampa FL 33647-1642

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03021

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Keith Reames

Mailing Address 4005 Castlerock Road

City State Zip Code  
Norman OK 73072-1751

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Edward Jones

Occupation  
Financial Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03022

Amount of Each Receipt this Period

550.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Jane F. Rector

Mailing Address 325 N. Broadway

City State Zip Code  
Azle TX 76020-3745

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03023

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1015 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Redmond

Mailing Address 18860 Jug Street

City

Garrettsville

State

OH

Zip Code

44231-9548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R.S.B. Spine, L.L.C.

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai03024

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Verlin Reece

Mailing Address 224 Lake Vista Lane

City

Commerce

State

GA

Zip Code

30529-4230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Quality Foods Commerce Inc

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 9

Transaction ID: 2009M04L11ai03025

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard H. Reel

Mailing Address P.O. Box 143

City

Douglas

State

MI

Zip Code

49406-0143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 9

Transaction ID: 2009M04L11ai03026

Amount of Each Receipt this Period

135.00

**SUBTOTAL** of Receipts This Page (optional) .....

735.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1016 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Gunther & Joan M. Reese

Mailing Address 15736 Glenisle Way

City

Fort Myers

State

FL

Zip Code

33912-3922

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03027

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Maurice J. Reese

Mailing Address 713 Lakewood Blvd.

City

Madison

State

WI

Zip Code

53704-6048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03028

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Maurice J. Reese

Mailing Address 713 Lakewood Blvd.

City

Madison

State

WI

Zip Code

53704-6048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03029

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1017 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Patricia A. Reese

Mailing Address 1063 Hillsboro Mile  
 Apartment 606

City Hillsboro Beach State FL Zip Code 33062-2164

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03030

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen F. Reeves

Mailing Address 104 Woodbrook Ln.

City Baltimore State MD Zip Code 21212-1034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Black and Decker Corp.

Occupation  
Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03031

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Maria Teresa Regirer

Mailing Address 9 Roslyn Hills Drive

City Richmond State VA Zip Code 23229-7912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03032

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1018 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mrs. Maria Teresa Regirer

Mailing Address 9 Roslyn Hills Drive

City

Richmond

State

VA

Zip Code

23229-7912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	0	/	2	0	9	

Transaction ID: 2009M04L11ai03033

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Lt. Col. Edward R. Regis

Mailing Address 21292 Twining Avenue

City

Riverside

State

CA

Zip Code

92518-2838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	9	

Transaction ID: 2009M04L11ai03034

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph P. Rehonic

Mailing Address P.O. Box 18979

City

Panama City

State

FL

Zip Code

32417-8979

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Builder Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	9	

Transaction ID: 2009M04L11ai03035

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1019 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph P. Rehonic

Mailing Address P.O. Box 18979

City

Panama City

State

FL

Zip Code

32417-8979

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation

Builder Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03036

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Edwin Reid

Mailing Address 4719 Idlewilde Road

City

Shady Side

State

MD

Zip Code

20764-9788

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03037

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles G. Reimers

Mailing Address 300 S. 16Th Street  
Apartment 608

City

Omaha

State

NE

Zip Code

68102-0037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University Of Nebraska At  
Oklahoma

Occupation

Security Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03038

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

525.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1020 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles G. Reimers

Mailing Address 300 S. 16Th Street  
Apartment 608City State Zip Code  
Omaha NE 68102-0037FEC ID number of contributing  
federal political committee.**C**Name of Employer  
University Of Nebraska At  
OklahomaOccupation  
Security Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	9	

Transaction ID: 2009M04L11ai03039

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles G. Reimers

Mailing Address 300 S. 16Th Street  
Apartment 608City State Zip Code  
Omaha NE 68102-0037FEC ID number of contributing  
federal political committee.**C**Name of Employer  
University Of Nebraska At  
OklahomaOccupation  
Security Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	9	

Transaction ID: 2009M04L11ai03040

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles G. Reimers

Mailing Address 300 S. 16Th Street  
Apartment 608City State Zip Code  
Omaha NE 68102-0037FEC ID number of contributing  
federal political committee.**C**Name of Employer  
University Of Nebraska At  
OklahomaOccupation  
Security Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	9	

Transaction ID: 2009M04L11ai03041

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

90.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1021 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms Doris Rein

Mailing Address 9318 N. Main Street

City

Baytown

State

TX

Zip Code

77521-8753

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03042

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David S. Rendall

Mailing Address 8704 Highhill Road

City

Raleigh

State

NC

Zip Code

27615-2038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03043

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bernd W. Renner

Mailing Address 216 Mira Mar Avenue  
Apartment C.

City

Long Beach

State

CA

Zip Code

90803-6162

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Southwest Marine Inc.

Occupation  
Superintendent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03044

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1022 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daniel Renner

Mailing Address 3540 N. Hualapai Way  
 Apartment 1025

City State Zip Code  
**Las Vegas NV 89129-3884**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Station Casinos

Occupation  
 Quality Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 5 / 2 0 0 9**

Transaction ID: 2009M04L11ai03045

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jack Rentz

Mailing Address 18 Pinehurst

City State Zip Code  
**Abilene TX 79606-5071**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Rentech Boiler Systems

Occupation  
 Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 5 / 2 0 0 9**

Transaction ID: 2009M04L11ai03046

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Michele Reppucci

Mailing Address 1224 2Nd Street

City State Zip Code  
**Manhattan Beach CA 90266-6837**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 6 / 2 0 0 9**

Transaction ID: 2009M04L11ai03047

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

**450.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1023 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ltc. Patrick E. Resley

Mailing Address 7336 N. Mountain Shadows Drive

City

Tucson

State

AZ

Zip Code

85718-1071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03048

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Samuel J. Revak

Mailing Address 2491 Linwood Lane

City

Woodbridge

State

VA

Zip Code

22192-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
I.T.E.S.

Occupation

Clerk

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03049

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert L. Rewey

Mailing Address 810 S. Ocean Boulevard

City

Palm Beach

State

FL

Zip Code

33480-4815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03050

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1024 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Beverly Reynolds

Mailing Address 510 Barrington Road

City

Signal Mountain

State

TN

Zip Code

37377-3135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	9	

Transaction ID: 2009M04L11ai03051

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Neil V. Reynolds

Mailing Address P.O. Box 24

City

Leadville

State

CO

Zip Code

80461-0024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	9	

Transaction ID: 2009M04L11ai03052

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ranolph Reynolds, Jr.

Mailing Address 3 Partridge Hill Road

City

Richmond

State

VA

Zip Code

23238-6219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	9	

Transaction ID: 2009M04L11ai03053

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1025 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard W. Reynolds

Mailing Address 815 Bragor 78701  
 Apartment 11

City State Zip Code  
 Austin TX 78703-1066

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03054

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lloyd E. Rhian, Jr.

Mailing Address 1 Bob White Trail

City State Zip Code  
 Hattiesburg MS 39402-9621

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03055

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lloyd V. Rhinhart

Mailing Address P.O. Box 658  
 67770 Rocky

City State Zip Code  
 Pilot Rock OR 97868-0658

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03056

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1026 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Lloyd V. Rhinhart

Mailing Address P.O. Box 658  
 67770 Rocky

City State Zip Code  
 Pilot Rock OR 97868-0658

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai03057

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Charles Rhoden

Mailing Address 525 Rhodora Heights Road

City State Zip Code  
 Lake Stevens WA 98258-9721

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 5 / 2 0 9

Transaction ID: 2009M04L11ai03058

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Charles Rhoden

Mailing Address 525 Rhodora Heights Road

City State Zip Code  
 Lake Stevens WA 98258-9721

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 5 / 2 0 9

Transaction ID: 2009M04L11ai03059

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1027 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles Rhoden

Mailing Address 525 Rhodora Heights Road

City

Lake Stevens

State

WA

Zip Code

98258-9721

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03060

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Dennis Alfred Rhyne

Mailing Address 24951 Sausalito Street

City

Laguna Hills

State

CA

Zip Code

92653-5627

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03061

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Willard Rhynes

Mailing Address P.O. Box 38

City

Ada

State

OK

Zip Code

74821-0038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03062

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Harlan R. Ribnik

Mailing Address P.O. Box 628

City

Cheyenne

State

WY

Zip Code

82003-0628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03063

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Katherine Ricart

Mailing Address 19416 Mill Dam Place

City

Lansdowne

State

VA

Zip Code

20176-8426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bds/Caci

Occupation

Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03064

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George Ricci

Mailing Address 931 Metro Drive

City

Monterey Park

State

CA

Zip Code

91755-4233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rainshow's Manufacturing

Occupation

Self-employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03065

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1029 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Andrea Lynne Rice

Mailing Address 7200 Capilla Court

City

Coral Gables

State

FL

Zip Code

33143-6113

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03066

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Rice

Mailing Address 2020 N. Plantation Dr.

City

Dunkirk

State

MD

Zip Code

20754-9763

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03067

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Sam Rice

Mailing Address 28720 E. River Road

City

Perrysburg

State

OH

Zip Code

43551-2728

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03068

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1030 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bill Richardson

Mailing Address 7205 Nichols Road

City

Oklahoma City

State

OK

Zip Code

73120-1223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
1St Enterprise Bank

Occupation  
Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03069

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Monte F. Richardson

Mailing Address 36 Lambeth Drive

City

Asheville

State

NC

Zip Code

28803-3431

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03070

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald G. Richerson

Mailing Address 890 Greenview

City

Collierville

State

TN

Zip Code

38017-1436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03071

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1031 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Donald Richter

Mailing Address 8578 Edgeware Way

City

Elk Grove

State

CA

Zip Code

95758-6783

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03072

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Henry B. Rickenbaker

Mailing Address 1004 Ackerman Drive

City

Summerton

State

SC

Zip Code

29148-7550

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03073

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Miss Roberta Riddell

Mailing Address 1889 E. State Road 44  
Apartment 9

City

Connersville

State

IN

Zip Code

47331-9171

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
D.D.B. Worldwide

Occupation  
Broadcast Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03074

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1032 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Miss Roberta Riddell

Mailing Address 1889 E. State Road 44  
 Apartment 9

City State Zip Code  
 Connersville IN 47331-9171

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
D.D.B. Worldwide

Occupation  
Broadcast Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03075

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steven W Riebel

Mailing Address 145 Dodge Rd

City State Zip Code  
 Boerne TX 78006-8526

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03076

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Bernard Riechers

Mailing Address 11838 Alder Street N.W.

City State Zip Code  
 Coon Rapids MN 55448-2427

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Trane Company

Occupation  
Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03077

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1033 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. John A. Riedman

Mailing Address P.O. Box 528257

City

Flushing

State

NY

Zip Code

11352-8257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	9	

Transaction ID: 2009M04L11ai03078

Amount of Each Receipt this Period

295.00

B.

Full Name (Last, First, Middle Initial)

Mr. Franklin Riehlman

Mailing Address 138 Van Cortlandt Park S.

City

Bronx

State

NY

Zip Code

10463-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	0	/	2	0	9	

Transaction ID: 2009M04L11ai03079

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mrs. L. Susan Riepenhoff

Mailing Address 130 Jett Forest Court N.W.

City

Atlanta

State

GA

Zip Code

30327-4519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	1	/	2	0	9	

Transaction ID: 2009M04L11ai03080

Amount of Each Receipt this Period

440.00

SUBTOTAL of Receipts This Page (optional) .....

835.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1034 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Cheryl Riggs

Mailing Address 137 E. Arctic Avenue

City

Palmer

State

AK

Zip Code

99645-6255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Great Northern Engineering

Occupation

Officer Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai03081

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. James R. Riggs

Mailing Address 3718 Villanova Street

City

Dallas

State

TX

Zip Code

75225-5111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 9

Transaction ID: 2009M04L11ai03082

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Carol C Riley

Mailing Address 167 Main Entrance Dr

City

Pittsburgh

State

PA

Zip Code

15228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 9

Transaction ID: 2009M04L11ai03083

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1035 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Carol C Riley

Mailing Address 167 Main Entrance Dr

City State Zip Code  
**Pittsburgh PA 15228**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

**03 / 13 / 2009**

Transaction ID: 2009M04L11ai03084

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Inga Rindal

Mailing Address 4600 41St Avenue North  
 Apartment 404

City State Zip Code  
**Robbinsdale MN 55422-1857**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

**03 / 17 / 2009**

Transaction ID: 2009M04L11ai03085

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Inga Rindal

Mailing Address 4600 41St Avenue North  
 Apartment 404

City State Zip Code  
**Robbinsdale MN 55422-1857**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

**03 / 17 / 2009**

Transaction ID: 2009M04L11ai03086

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

**315.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1036 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Sarah Uzzell Rindlaub

Mailing Address 8441 S.E. 68Th Street  
 Apartment 217

City State Zip Code  
 Mercer Island WA 98040-5235

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03087

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Wade A Riner

Mailing Address 411 Strey Ln

City State Zip Code  
 Houston TX 77024-5064

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03088

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles A. Rini, Sr.

Mailing Address 924 Westpoint Parkway  
 Suite 150

City State Zip Code  
 Westlake OH 44145

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rini Realty Company

Occupation  
Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03089

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1037 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James K. Risk, III

Mailing Address 1709 S. 9Th Street

City

Lafayette

State

IN

Zip Code

47905-2128

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kirby Risk Corporation

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03090

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David A. Rismiller

Mailing Address 4021 Gulf Shore Blvd. N.  
The Brittany 1006

City

Naples

State

FL

Zip Code

34103-3471

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03091

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Carolyn Ritchie

Mailing Address 2411 Station Road

City

Middletown

State

MD

Zip Code

21769-9114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03092

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1038 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

William L Ritchie

Mailing Address 5302 Brookeway Dr

City

Bethesda

State

MD

Zip Code

20816-1308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation

N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03093

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Sam Rizk

Mailing Address 7845 Wills Run Lane

City

Blacklick

State

OH

Zip Code

43004-8525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
C.A.I.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03094

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George A. Rizzo

Mailing Address 4 Winners Circle

City

Houston

State

TX

Zip Code

77024-2755

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03095

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

820.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1039 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gerald J. Roba

Mailing Address 621 Lechauwecki Avenue

City

Fountain Hill

State

PA

Zip Code

18015-4315

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03096

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Daniel Robbins

Mailing Address 4498 Lakewood Blvd.

City

Naples

State

FL

Zip Code

34112-6124

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03097

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Belinda Gayle Robbs

Mailing Address 734 Knob Hill Court

City

Argyle

State

TX

Zip Code

76226-4640

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03098

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1040 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Dorothy B. Roberts

Mailing Address 1970 Lemon Ranch Road

City

Santa Barbara

State

CA

Zip Code

93108-2257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03099

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John H. Roberts

Mailing Address 261 Riverway Drive

City

Vero Beach

State

FL

Zip Code

32963-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03100

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Lynne King Roberts

Mailing Address 1449 Janet Street

City

Sycamore

State

IL

Zip Code

60178-1056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03101

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1041 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard T Roberts

Mailing Address 3239 Lakeshore Ct.

City

Stockton

State

CA

Zip Code

95219-5491

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai03102

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Troy Roberts

Mailing Address P.O. Box 3252

City

Conroe

State

TX

Zip Code

77305-3252

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
City Of Conroe

Occupation

Police Detective

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 9

Transaction ID: 2009M04L11ai03103

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Clarence B. Robertson, III

Mailing Address 9020 Stony Point Parkway  
Suite 145

City

Richmond

State

VA

Zip Code

23235-1953

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Landvest, L.L.C.

Occupation

Land Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 9

Transaction ID: 2009M04L11ai03104

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1042 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Judy B. Robertson

Mailing Address P. O. Box 275

City

**Zapata**

State

**TX**

Zip Code

**78076-0275**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**03 / 27 / 2009**

**Transaction ID: 2009M04L11ai03105**

Amount of Each Receipt this Period

**100.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Kenneth N. Robertson

Mailing Address 12 Stillforest Street

City

**Houston**

State

**TX**

Zip Code

**77024-7518**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**700.00**

Date of Receipt

**03 / 10 / 2009**

**Transaction ID: 2009M04L11ai03106**

Amount of Each Receipt this Period

**200.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Samuel Harry Robertson

Mailing Address 5994 E. Orange Blossom Lane

City

**Phoenix**

State

**AZ**

Zip Code

**85018-6733**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**03 / 24 / 2009**

**Transaction ID: 2009M04L11ai03107**

Amount of Each Receipt this Period

**200.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1043 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bill Robinson

Mailing Address 2634 Harris Ln.

City

Niles

State

MI

Zip Code

49120-5045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03108

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joe D. Robinson

Mailing Address 7803 Garden Road

City

Sugar Land

State

TX

Zip Code

77479-6133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03109

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joe D. Robinson

Mailing Address 7803 Garden Road

City

Sugar Land

State

TX

Zip Code

77479-6133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03110

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1044 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Samuel H. Robinson

Mailing Address 6815 Kentucky Highway 643

City State Zip Code  
**Crab Orchard KY 40419**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 6 / 2 0 0 9**

Transaction ID: 2009M04L11ai03111

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Carolyn Robison

Mailing Address 1057 Capital Club Circle N.E.

City State Zip Code  
**Atlanta GA 30319-2662**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 3 1 / 2 0 0 9**

Transaction ID: 2009M04L11ai03112

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Adela I Robles

Mailing Address 1017 Palisade Avenue

City State Zip Code  
**Fort Lee NJ 07024-6320**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 6 / 2 0 0 9**

Transaction ID: 2009M04L11ai03113

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**600.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1045 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. David M. Roby

Mailing Address 7 Bliss Lane  
P.O. Box 266

City State Zip Code  
**Lyme NH 03768-0266**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 05 2009**

Transaction ID: 2009M04L11ai03114

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Fred & Mary Roby

Mailing Address 6435 N. Camino De Michael

City State Zip Code  
**Tucson AZ 85718-1939**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 12 2009**

Transaction ID: 2009M04L11ai03115

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph L. Rocco

Mailing Address 24664 Cordillera Drive

City State Zip Code  
**Calabasas CA 91302-2511**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 20 2009**

Transaction ID: 2009M04L11ai03116

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

**5750.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1046 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Jamie Rochelle

Mailing Address 107 Heath Drive

City

Ruidoso

State

NM

Zip Code

88345-7230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03117

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dawn Rock

Mailing Address 13620 N 19th Street

City

Phx

State

AZ

Zip Code

85022-5064

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Phx Union Hs Distr.

Occupation  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03118

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dawn Rock

Mailing Address 13620 N 19th Street

City

Phx

State

AZ

Zip Code

85022-5064

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Phx Union Hs Distr.

Occupation  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03119

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1047 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. William I. Rockefeller

Mailing Address 1658 Gifford Road

City

Phelps

State

NY

Zip Code

14532-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03120

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald R. Rodeghier

Mailing Address 1440 Township Avenue

City

Wisc Rapids

State

WI

Zip Code

54494-6332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03121

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joey L. Rodell

Mailing Address P.O. Box 504

City

Buffalo

State

TX

Zip Code

75831-0504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03122

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1048 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard L Rodgers, U.S.N. (Re

Mailing Address 9591 Larkview Court

City

Fairfax Station

State

VA

Zip Code

22039-3370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Livingston Group

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03123

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George Rodrick

Mailing Address 30534 Union City Boulevard

City

Union City

State

CA

Zip Code

94587-1518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03124

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert L. Roesler

Mailing Address 4035 S. 84Th Street  
Apartment 3

City

Greenfield

State

WI

Zip Code

53228-2335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homes For Independent Liv-  
ing

Occupation  
Caregiver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03125

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional) .....

835.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1049 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Hugh Roff

Mailing Address 333 Clay Street  
 Suite 4300

City State Zip Code  
 Houston TX 77002-4004

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03126

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Joe M. Rogers, Sr.

Mailing Address 937 Highway 7 N.

City State Zip Code  
 Camden AR 71701-8705

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03127

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. John E. Rogers

Mailing Address 55 Westy Monroe  
 Apartment 2400

City State Zip Code  
 Chicago FL 60603-1202

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Alzheimer & Gray

Occupation  
 Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03128

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1050 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Rogers

Mailing Address 1200 N. Montesano Street  
P.O. Box 1407

City State Zip Code  
**Westport WA 98595-1407**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 2 6 / 2 0 0 9**

Transaction ID: 2009M04L11ai03129

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Roberta F. Rogers

Mailing Address 14515 W. Granite Valley Drive  
Apartment E567

City State Zip Code  
**Sun City West AZ 85375-6024**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 0 5 / 2 0 0 9**

Transaction ID: 2009M04L11ai03130

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Sidney D. Rogers

Mailing Address 420 N. Hayfield Road

City State Zip Code  
**Winchester VA 22603-3426**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 0 4 / 2 0 0 9**

Transaction ID: 2009M04L11ai03131

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional) .....

**320.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1051 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Sidney D. Rogers

Mailing Address 420 N. Hayfield Road

City

Winchester

State

VA

Zip Code

22603-3426

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai03132

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. William A. Rogers, III

Mailing Address 2400 South Ocean Drive  
Apartment 4100D

City

Ft. Pierce

State

FL

Zip Code

34949

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03133

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Don Rogert

Mailing Address 26515 Blondo Court

City

Waterloo

State

NE

Zip Code

68069-6221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03134

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1052 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Thomas Rohde

Mailing Address 19 Emerald Drive

City

State

Zip Code

Throop

PA

18512-3351

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wyoming Valley Health Care

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03135

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Beth Rohr

Mailing Address 6650 East Ida Avenue

City

State

Zip Code

Greenwood Village

CO

80111-1700

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03136

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Frank H. Roland

Mailing Address 26 Boyds Landing

City

State

Zip Code

Okatie

SC

29909-7004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03137

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1053 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Jean E. Rolles

Mailing Address 3087 La Pietra Circle  
 Apartment 21

City State Zip Code  
 Honolulu HI 96815-4736

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Outrigger Enterprises, In-  
 c.

Occupation  
 Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03138

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Sarah W. Rollins

Mailing Address 65 Ruggles Lane

City State Zip Code  
 Milton MA 02186-2923

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03139

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Daniel J. Roltgen

Mailing Address 1829 Field Cliffe Drive

City State Zip Code  
 Richfield WI 53076-9646

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Requested

Occupation  
 Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03140

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1054 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Sal Romano

Mailing Address 750-41B Lido Blvd

City

Lido Beach

State

NY

Zip Code

11561-5297

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
R and R Restaurants

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03141

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Lois S. Roon

Mailing Address 1040 Genter Street  
Unit 304

City

La Jolla

State

CA

Zip Code

92037-5551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03142

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Rosado

Mailing Address 10328 Amaro Court

City

San Diego

State

CA

Zip Code

92124-1215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tea

Occupation  
Systems Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03143

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1055 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bufford Rose

Mailing Address 7 Stacy Street

City

Harold

State

KY

Zip Code

41635-7031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rose Builders

Occupation

Carpenter / Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai03144

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Katy E. Rose

Mailing Address 3027 S. Hill Road

City

Milford

State

MI

Zip Code

48381-3520

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Epc

Occupation

Svp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03145

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul W. Rose

Mailing Address 1917 Solo Road

City

Covington

State

TN

Zip Code

38019-4765

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rose Construction

Occupation

Building Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03146

Amount of Each Receipt this Period

205.00

**SUBTOTAL** of Receipts This Page (optional) .....

855.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1056 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Vincent J. Rose

Mailing Address 100 Dandelion Lane

City

Marquette

State

MI

Zip Code

49855-9387

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Employee Benefits Agency,  
Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03147

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jack C. Rosenau

Mailing Address 1177 Old Fort Drive

City

Tallahassee

State

FL

Zip Code

32301-4663

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03148

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jack C. Rosenau

Mailing Address 1177 Old Fort Drive

City

Tallahassee

State

FL

Zip Code

32301-4663

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03149

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1057 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Richard & Sara Rosene

Mailing Address P.O. Box 801

City

Kremmling

State

CO

Zip Code

80459-0801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Government

Occupation  
Forester

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03150

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Lea R. Rosenfeld

Mailing Address 633 N. Sweetzer Avenue

City

West Hollywood

State

CA

Zip Code

90048-2121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03151

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Rosensteel

Mailing Address 1101 Horseshoe Drive

City

Greensboro

State

GA

Zip Code

30642-4842

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03152

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1058 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Judy N. Ross

Mailing Address 800 Pendleton Drive

City

Salem

State

VA

Zip Code

24153-2662

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Layman Candy Company, Inc.

Occupation

Secretary/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03153

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Marvin A. Ross

Mailing Address 1035 Pine Drive

City

West Chester

State

PA

Zip Code

19380-1579

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03154

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dois I. Rosser, Jr.

Mailing Address 4018 Chesapeake Avenue

City

Hampton

State

VA

Zip Code

23669-4632

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pomoco Group

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03155

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1059 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary Jo Rosson

Mailing Address P.O. Box 483

City

Calhoun

State

GA

Zip Code

30703-0483

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03156

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Joey Rothman

Mailing Address 7820 Inverness Blvd. E  
#405

City

Englewood

State

CO

Zip Code

80112-5716

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cherry Hills Community Church

Occupation  
Production Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03157

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charley H. Rougeau

Mailing Address 307 Tanglewood Drive

City

Alexandria

State

LA

Zip Code

71303-3350

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Med South, L.L.C

Occupation  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03158

Amount of Each Receipt this Period

130.00

**SUBTOTAL** of Receipts This Page (optional) .....

490.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1060 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ronald T. Roundtree

Mailing Address 210 Trace Colony Park Drive

City

Ridgeland

State

MS

Zip Code

39157-2864

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03159

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald T. Roundtree

Mailing Address 210 Trace Colony Park Drive

City

Ridgeland

State

MS

Zip Code

39157-2864

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03160

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Paul Rouse

Mailing Address 75 East Maple Road

City

Greenlawn

State

NY

Zip Code

11740-1123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Peerless

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03161

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1061 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Norman W. Rousselot

Mailing Address 126 Edgemont Road

City

Sonora

State

TX

Zip Code

76950-6607

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03162

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Norman W. Rousselot

Mailing Address 126 Edgemont Road

City

Sonora

State

TX

Zip Code

76950-6607

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03163

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bruce Rowe

Mailing Address 540 Kelly Drive

City

Barstow

State

CA

Zip Code

92311-2917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
M.C.L.B. Barstow

Occupation

Mechanic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03164

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1062 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ray C. Rowe

Mailing Address 2618 Habersham Avenue

City

Columbus

State

GA

Zip Code

31906-1353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03165

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Linda Rowland

Mailing Address 4521 E. Desert Cove Avenue

City

Phoenix

State

AZ

Zip Code

85028-3026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rowland Companies

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03166

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Janice Rubel

Mailing Address 2000 S. Bayshore Drive  
Apartment 68

City

Miami

State

FL

Zip Code

33133-3252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03167

Amount of Each Receipt this Period

450.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1063 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. &amp; Mrs. Paul &amp; Joan Rubschlager</p> <p>Mailing Address 800 N. Michigan Avenue Apartment 3002</p> <p>City Chicago State IL Zip Code 60611-2153</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Rubschlager Baking Corporation Occupation Bakery Owner</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 3 / 3 0 / 2 0 0 9</p> <p>Transaction ID: 2009M04L11ai03168</p> <p>Amount of Each Receipt this Period 500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ms Ella Louise Rucker</p> <p>Mailing Address 3712 Heath Street</p> <p>City Greensboro State NC Zip Code 27401-4645</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 3 / 1 0 / 2 0 0 9</p> <p>Transaction ID: 2009M04L11ai03169</p> <p>Amount of Each Receipt this Period 60.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ms Ella Louise Rucker</p> <p>Mailing Address 3712 Heath Street</p> <p>City Greensboro State NC Zip Code 27401-4645</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 3 / 3 0 / 2 0 0 9</p> <p>Transaction ID: 2009M04L11ai03170</p> <p>Amount of Each Receipt this Period 60.00</p>

**SUBTOTAL** of Receipts This Page (optional) .....

**620.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1064 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Wayne Rudd

Mailing Address 52 Flying Fish Road

City

Carbondale

State

CO

Zip Code

81623-9566

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03171

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. G. W. Rudick

Mailing Address 300 Galbear Road

City

Lafayette

State

LA

Zip Code

70506-1808

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03172

Amount of Each Receipt this Period

505.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David Rudolph

Mailing Address 8319 E. Calle De Alegria

City

Scottsdale

State

AZ

Zip Code

85255-4226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03173

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1065 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Tracy T. Rudolph

Mailing Address P.O. Box 70

City

Ellinger

State

TX

Zip Code

78938-0070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03174

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Troy Rudolph

Mailing Address 3506 Arrowhead Drive

City

Austin

State

TX

Zip Code

78731-4802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ca

Occupation  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03175

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gary L. Ruebel

Mailing Address 11152 Aurora Avenue

City

Urbandale

State

IA

Zip Code

50322-7903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03176

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1066 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary L. Ruebel

Mailing Address 11152 Aurora Avenue

City

Urbandale

State

IA

Zip Code

50322-7903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03177

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steven A. Ruether

Mailing Address 2730 Colby Street

City

Sweden

State

NY

Zip Code

14420-9766

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bell Corporation

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03178

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Moore Ruffin

Mailing Address 1707 Jarvis Street

City

Raleigh

State

NC

Zip Code

27608-2236

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03179

Amount of Each Receipt this Period

650.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1067 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. Charles A. Ruhl, Sr.

Mailing Address 106 Bechtel Road

City

Bettendorf

State

IA

Zip Code

52722-4613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	9	

Transaction ID: 2009M04L11ai03180

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr. John R. Ruhl

Mailing Address 1 Holly Hill Road

City

Asheville

State

NC

Zip Code

28803-3114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SteelcaseOccupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	9	

Transaction ID: 2009M04L11ai03181

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Edward T. Rule

Mailing Address 8344 242Nd Street

City

Bellerose

State

NY

Zip Code

11426-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	9	

Transaction ID: 2009M04L11ai03182

Amount of Each Receipt this Period

180.00

SUBTOTAL of Receipts This Page (optional) .....

430.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1068 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Christopher S. Rumana

Mailing Address 2894 N Hannon Hill Dr.

City

Tallahassee

State

FL

Zip Code

32309-8942

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baylor Coll. Of Med.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03183

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gene W. Rummel

Mailing Address 2824B Marquette Manor West Dr.

City

Indianapolis

State

IN

Zip Code

46268-3815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03184

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Caroline Geiler Rush

Mailing Address 26 Faulkner Court

City

Ventura

State

CA

Zip Code

93003-5510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wiggins Lift

Occupation  
Receptionist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03185

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1069 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. June A. Russel-Glennon

Mailing Address 5191 E. Lakeside Drive

City

Palm Springs

State

CA

Zip Code

92264-5912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai03186

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David S. Russell

Mailing Address 2113 Wilshire Drive

City

Enid

State

OK

Zip Code

73703-6622

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 9

Transaction ID: 2009M04L11ai03187

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John P. Russell

Mailing Address P.O. Box 117

City

Mill Creek

State

WV

Zip Code

26280-0117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 9

Transaction ID: 2009M04L11ai03188

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional) .....

670.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1070 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John P. Russell

Mailing Address P.O. Box 117

City

Mill Creek

State

WV

Zip Code

26280-0117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03189

Amount of Each Receipt this Period

70.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Warren Russell

Mailing Address 8 Pegan Lane  
P.O. Box 638

City

Dover

State

MA

Zip Code

02030-0638

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03190

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Jack Russi

Mailing Address 35 Grove Creek Court

City

Lafayette

State

CA

Zip Code

94549-2200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Deloitte & Touche

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03191

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

5320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1071 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. William H. Rutledge, Jr.

Mailing Address 20813 N. 152Nd Drive

City

Sun City West

State

AZ

Zip Code

85375-6519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03192

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Ryan

Mailing Address 4 Arden Place

City

New City

State

NY

Zip Code

10956-2811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rolex Watch Usa, Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03193

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Kim Ryan

Mailing Address 1015 Ne Bryant Court

City

Lees Summit

State

MO

Zip Code

64086-3536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metcraft Industries

Occupation  
Small Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03194

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1072 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Kim Ryan

Mailing Address 1015 Ne Bryant Court

City

Lees Summit

State

MO

Zip Code

64086-3536

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Metcraft Industries

Occupation

Small Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03195

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Wayne Ryan

Mailing Address 1606 S. 187Th Circle

City

Omaha

State

NE

Zip Code

68130-2809

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Streck, Inc

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03196

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert C. Ryder

Mailing Address 3 Buckhorn Road

City

Jackson Springs

State

NC

Zip Code

27281-9752

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03197

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1073 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Ryan S

Mailing Address P.O. Box 237

City State Zip Code  
**Somerset WI 54025-0237**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 School District Of Somers-  
 et

Occupation  
 Information Technology Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03198

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Alfred N. Sacha

Mailing Address 213 N. Talcott Rd.

City State Zip Code  
**Park Ridge IL 60068-2324**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self Employed

Occupation  
 Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03199

Amount of Each Receipt this Period

825.00

**C.**

Full Name (Last, First, Middle Initial)  
 Father J. Andrew Sack

Mailing Address 1913 Roanoke Avenue

City State Zip Code  
**Louisville KY 40205-1415**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Saint Michael & All Angels  
 Church

Occupation  
 Priest

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03200

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

980.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jean Sagouspe

Mailing Address 259 I Street

City

Los Banos

State

CA

Zip Code

93635-4114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03201

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Sheryl Sahr

Mailing Address 400 Walnut Street  
#701

City

Des Moines

State

IA

Zip Code

50309-2393

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Iowa Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03202

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Ramona Saldamando

Mailing Address 123 W. 92Nd Street

City

New York

State

NY

Zip Code

10025-7577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03203

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1075 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark L Salhaney

Mailing Address 4500 Cascade Rd. Suite 107

City State Zip Code  
**Grand Rapids MI 49546**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Dentistry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 06 2009**

**Transaction ID: 2009M04L11ai03204**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Alex Salley

Mailing Address P.O. Box 997

City State Zip Code  
**Saluda NC 28773-0997**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 02 2009**

**Transaction ID: 2009M04L11ai03205**

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ronald W. Salmon

Mailing Address 12720 Hillcrest Rd

City State Zip Code  
**Dallas TX 75230-2035**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 02 2009**

**Transaction ID: 2009M04L11ai03206**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

**850.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1076 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Oleta Salopek

Mailing Address 4915 Snow Road

City

Las Cruces

State

NM

Zip Code

88005-4222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03207

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gregory I. Salsbury

Mailing Address 2465 W. La Palma Avenue

City

Anaheim

State

CA

Zip Code

92801-2610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Salsbury Engineering

Occupation  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03208

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Josephine Saltzman

Mailing Address 3004 Minnetonka Drive

City

Cedar Falls

State

IA

Zip Code

50613-1538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03209

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1077 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Josephine Saltzman

Mailing Address 3004 Minnetonka Drive

City

Cedar Falls

State

IA

Zip Code

50613-1538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03210

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Walter A. Salvas

Mailing Address 833 Wolcott Avenue

City

Beacon

State

NY

Zip Code

12508-4257

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03211

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Erasmus J. Salvati

Mailing Address 17103 67Th Avenue

City

Fresh Meadows

State

NY

Zip Code

11365-2001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03212

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

530.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1078 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert E. Sams

Mailing Address 300 E. 3Rd Street  
Suite 1

City State Zip Code  
Atlantic IA 50022-1147

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03213

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert E. Sams

Mailing Address 300 E. 3Rd Street  
Suite 1

City State Zip Code  
Atlantic IA 50022-1147

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03214

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael & Claudia H. Sander

Mailing Address 2702 S Westgate Dr

City State Zip Code  
Weslaco TX 78596-4068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03215

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1079 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David L. Sanders

Mailing Address 21543 Elm Hurst Lane

City

State

Zip Code

Katy

TX

77450-5519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03216

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kent B. Sanders

Mailing Address P.O. Box 31

City

State

Zip Code

Gunnison

UT

84634-0031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Telephone

Occupation

President / Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03217

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Tammy Flynn Sanford

Mailing Address 15314 Philippine Street

City

State

Zip Code

Houston

TX

77040-1347

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Premier Installations &  
Design Group

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03218

Amount of Each Receipt this Period

305.00

**SUBTOTAL** of Receipts This Page (optional) .....

855.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1080 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John M. Sansom

Mailing Address 9455 Pensacola Blvd.  
Suite B.

City State Zip Code  
**Pensacola FL 32534-1237**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 6 / 2 0 0 9**

**Transaction ID:** 2009M04L11ai03219

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Cynthia Santomaro

Mailing Address 49 Shadow Creek Circle

City State Zip Code  
**Palos Heights IL 60463-3168**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Concept Leasing

Occupation  
Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 4 / 2 0 0 9**

**Transaction ID:** 2009M04L11ai03220

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Manuel Santos

Mailing Address 289 Stevans Avenue

City State Zip Code  
**Southamboy NJ 08879-2541**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 0 / 2 0 0 9**

**Transaction ID:** 2009M04L11ai03221

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1350.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1081 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Manuel Santos

Mailing Address 289 Stevans Avenue

City

Southamboy

State

NJ

Zip Code

08879-2541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03222

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Don R. Santschi

Mailing Address 1922 Saint Clair Drive

City

Pekin

State

IL

Zip Code

61554-6335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03223

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Tom Sarmiento

Mailing Address 6767 Stanley Avenue

City

Carmichael

State

CA

Zip Code

95608-3953

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03224

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1082 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. John T. Sasso

Mailing Address P.O. Box 577

City

Gwynedd Valley

State

PA

Zip Code

19437-0577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	0	9

Transaction ID: 2009M04L11ai03225

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Miss Alice F. Saunders

Mailing Address 1 Skyline Drive  
Apartment 3410

City

Medford

State

OR

Zip Code

97504-2501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	0	9

Transaction ID: 2009M04L11ai03226

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph Saunders

Mailing Address 765 Market Street  
Apartment 24D

City

San Francisco

State

CA

Zip Code

94103-2037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fleet FinancialOccupation  
Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	0	9

Transaction ID: 2009M04L11ai03227

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1083 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. George Saunderson

Mailing Address 208 N. Us Highway 1  
Suite 2

City State Zip Code  
**Tequesta FL 33469-2786**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

Transaction ID: 2009M04L11ai03228

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Philip A Saur

Mailing Address 9890 Laubach Ave. Nw  
P.O. Box 111

City State Zip Code  
**Sparta MI 49345-0111**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Apple Grower, Real Estate Deve

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 6 / 2 0 0 9**

Transaction ID: 2009M04L11ai03229

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edwin M. Savage

Mailing Address 1621 Gulf Blvd.  
Apartment 1601

City State Zip Code  
**Clearwater FL 33767-2966**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 6 / 2 0 0 9**

Transaction ID: 2009M04L11ai03230

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

**375.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1084 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Edwin M. Savage

Mailing Address 1621 Gulf Blvd.  
Apartment 1601

City State Zip Code  
Clearwater FL 33767-2966

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03231

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. La Rae T. Savage

Mailing Address 9093 Canyon Heights Drive

City State Zip Code  
Cedar Hills UT 84062-8779

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03232

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Gloria Saville

Mailing Address 700 Washington Street

City State Zip Code  
Cumberland MD 21502-2713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03233

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1085 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. Daniel Sawicki

Mailing Address P.O. Box 1667

City

Linden

State

NJ

Zip Code

07036-0007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wessex, L.L.C.

Occupation

Real Estate Investor/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	9	

Transaction ID: 2009M04L11ai03234

Amount of Each Receipt this Period

248.00

B.

Full Name (Last, First, Middle Initial)

Mr. Marshall Sawyer

Mailing Address H. C. 32 Box 590

City

Quemado

State

NM

Zip Code

87829-9609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	9	

Transaction ID: 2009M04L11ai03235

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr. Anthony J. Scala

Mailing Address 4401 Theall Road

City

Rye

State

NY

Zip Code

10580-1480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	1	/	2	0	9	

Transaction ID: 2009M04L11ai03236

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

898.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 1086 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Leslie Scales

Mailing Address 2905 River Road Extended

City State Zip Code  
**Greenwood MS 38930**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 1 2 / 2 0 0 9**

**Transaction ID: 2009M04L11ai03237**

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gary Schaefer

Mailing Address P.O. Box 400

City State Zip Code  
**Holliday TX 76366-0400**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 4 / 2 0 0 9**

**Transaction ID: 2009M04L11ai03238**

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Nelson Schaenen, Jr.

Mailing Address 56 Midwood Terrace

City State Zip Code  
**Madison NJ 07940-2735**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 0 / 2 0 0 9**

**Transaction ID: 2009M04L11ai03239**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**700.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth F. Schafer

Mailing Address 736 Crescent Road

City

Jackson

State

MI

Zip Code

49203-3965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03240

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Susan Schalon

Mailing Address 5694 Forest Glen Drive S.E.

City

Ada

State

MI

Zip Code

49301-9111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03241

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles G. Schappert, Sr.

Mailing Address 1224 Forest Parkway  
P.O. Box 479

City

Paulsboro

State

NJ

Zip Code

08066-0479

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H.P.S., Inc.

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03242

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1088 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Charles G. Schappert, Sr.</p> <p>Mailing Address 1224 Forest Parkway P.O. Box 479</p> <p>City Paulsboro State NJ Zip Code 08066-0479</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer H.P.S., Inc. Occupation C.E.O.</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  2000.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 3 / 1 9 / 2 0 0 9</p> <p>Transaction ID: 2009M04L11ai03243</p> <p>Amount of Each Receipt this Period  500.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Charles G. Schappert, Sr.</p> <p>Mailing Address 1224 Forest Parkway P.O. Box 479</p> <p>City Paulsboro State NJ Zip Code 08066-0479</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer H.P.S., Inc. Occupation C.E.O.</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  2000.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 3 / 2 4 / 2 0 0 9</p> <p>Transaction ID: 2009M04L11ai03244</p> <p>Amount of Each Receipt this Period  500.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Walter Edward Scheetz</p> <p>Mailing Address 218 Clapboard Ridge Road</p> <p>City Greenwich State CT Zip Code 06831-3352</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer The Scheetz Group Occupation Requested</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  2000.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 3 / 2 3 / 2 0 0 9</p> <p>Transaction ID: 2009M04L11ai03245</p> <p>Amount of Each Receipt this Period  2000.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional) ..... ►</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1089 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Missie Scheffman

Mailing Address 4226 E. Pontatoc Dr.

City

Tucson

State

AZ

Zip Code

85718-6153

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Genentech, USA

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03246

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Scheibner

Mailing Address 7211 Tessa Lakes Ct.

City

Sugar Land

State

TX

Zip Code

77479-5628

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
S.P.C.

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03247

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Henry F. Scheig

Mailing Address 12600 N. Port Washington Road  
Apartment 1311

City

Mequon

State

WI

Zip Code

53092-3472

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03248

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1090 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Florence Z. Schell

Mailing Address 46 Plymouth Drive

City

Saco

State

ME

Zip Code

04072-1734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03249

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Florence Z. Schell

Mailing Address 46 Plymouth Drive

City

Saco

State

ME

Zip Code

04072-1734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03250

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Florence Z. Schell

Mailing Address 46 Plymouth Drive

City

Saco

State

ME

Zip Code

04072-1734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03251

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1091 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Florence Z. Schell

Mailing Address 46 Plymouth Drive

City

Saco

State

ME

Zip Code

04072-1734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03252

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Daniel Scherdt

Mailing Address 2023 Alta Loma St

City

Davis

State

CA

Zip Code

95616-0713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
USAF

Occupation  
Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03253

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George F. Scherer

Mailing Address 606 Loughmor Pass

City

Saint Charles

State

MO

Zip Code

63304-0504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
McCarthy Building Company

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03254

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Catharine H. Schieferstein

Mailing Address 1907 Bernville Road

City

Reading

State

PA

Zip Code

19601-1113

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03255

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kurt A. Schiessel

Mailing Address 1755 W. Malvern Avenue  
Apartment 7

City

Fullerton

State

CA

Zip Code

92833-2440

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03256

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gerrit Schipper

Mailing Address 2344 Dixon Road

City

Frederick

State

MD

Zip Code

21704-8131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03257

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Larry C Schleinat

Mailing Address 2228 Hollyhill Drive

City

Denton

State

TX

Zip Code

76205-8274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Integrated Services, Inc.

Occupation

Information Technology Consult

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03258

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Ina I. Schlichtmann

Mailing Address 507 3Rd Street S.E.  
Apartment 6

City

Hillsboro

State

ND

Zip Code

58045-0448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03259

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gerald Schlieff

Mailing Address 5773 Woodway Drive  
# 800

City

Houston

State

TX

Zip Code

77057-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03260

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul G. Schloemer

Mailing Address 7 Hermitage Lane

City

Newport Beach

State

CA

Zip Code

92660-5213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03261

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Andrew F. Schmidt

Mailing Address P.O. Box 1177

City

Gulf Breeze

State

FL

Zip Code

32562-1177

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03262

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Andrew F. Schmidt

Mailing Address P.O. Box 1177

City

Gulf Breeze

State

FL

Zip Code

32562-1177

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03263

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

420.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Clemens Edward Schmidt

Mailing Address 1755 Cape Coral Parkway E.  
Apartment 116

City State Zip Code  
Cape Coral FL 33904-9683

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03264

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Gladys Schmidt

Mailing Address 3125 Smith Road  
Apartment 616

City State Zip Code  
Fairlawn OH 44333-2677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03265

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Linda A Schmidt

Mailing Address 443 Fox Ln

City State Zip Code  
Fredericksburg TX 78624-7236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03266

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1096 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Roger & Nancy Schmidt

Mailing Address 4903 Trailwood Drive

City

Greensboro

State

NC

Zip Code

27407-8241

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kflex, U. S. A.

Occupation

Technical Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03267

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Stacey Schmidt

Mailing Address 21307 Promontory Circle

City

San Antonio

State

TX

Zip Code

78258-2551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Uthscsa/Ncb Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03268

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Theodore Schmidt

Mailing Address 2115 Connor Park Cove

City

Salt Lake City

State

UT

Zip Code

84109-2468

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03269

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1097 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Col. & Mrs William P. Schneider

Mailing Address 20484 Langley Drive

City

Sterling

State

VA

Zip Code

20165-3569

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03270

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Marilyn A. Schnuck

Mailing Address 131 Linden Avenue

City

Clayton

State

MO

Zip Code

63105-3839

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03271

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ferd P. Schoedinger, Jr.

Mailing Address 387 N. Drexel Avenue

City

Columbus

State

OH

Zip Code

43209-1007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03272

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

5800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1098 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Joan Schonholtz

Mailing Address 32 Beman Woods Court

City

Potomac

State

MD

Zip Code

20854-5481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03273

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Lynn-Anne M. Schow

Mailing Address 75 High Street

City

Newburyport

State

MA

Zip Code

01950-3071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Timmons AdvisorsOccupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03274

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Maj. Lawrence L. Schrank, U.S.A. (Re

Mailing Address 7081 FM 932

City

Hamilton

State

TX

Zip Code

76531-3163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03275

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1099 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Maj. Lawrence L. Schrank, U.S.A. (Re)  
 Mailing Address 7081 FM 932

City State Zip Code  
 Hamilton TX 76531-3163

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03276

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
 Maj. Lawrence L. Schrank, U.S.A. (Re)  
 Mailing Address 7081 FM 932

City State Zip Code  
 Hamilton TX 76531-3163

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03277

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mrs. Terri Schraudenbach  
 Mailing Address 2545 Sugarloaf Club Drive

City State Zip Code  
 Duluth GA 30097-7406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03278

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1100 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Mary Beth Schrenk

Mailing Address 430 Hackmann Lane

City

Creve Coeur

State

MO

Zip Code

63141-6904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eye Consultants Of St. Lo-  
uis

Occupation

Administrative Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03279

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth Schroeder

Mailing Address 3500 Forest Edge Drive  
#2C

City

Silver Spring

State

MD

Zip Code

20906-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03280

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

M J Schroeder

Mailing Address 3743 Georgetown

City

Houston

State

TX

Zip Code

77005-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ret.

Occupation

Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03281

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1101 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles W. Schudt

Mailing Address 900 N. Taylor Street  
 Apartment 1426

City State Zip Code  
 Arlington VA 22203-1873

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03282

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles W. Schudt

Mailing Address 900 N. Taylor Street  
 Apartment 1426

City State Zip Code  
 Arlington VA 22203-1873

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03283

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard E. Schue

Mailing Address 5271 Comanche Tr

City State Zip Code  
 Carmel IN 46033-8852

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03284

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

420.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1102 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Margaret Schuh

Mailing Address 3348 Blossom Lane

City

North Tonawanda

State

NY

Zip Code

14120-1272

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai03285

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Phyllis R. Schulke

Mailing Address 1963 Ocean Ridge Circle

City

Vero Beach

State

FL

Zip Code

32963-2731

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03286

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Roy Schulte

Mailing Address 56 Buttonball Lane

City

Madison

State

CT

Zip Code

06443-2445

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Gartner, Inc.

Occupation  
Computer Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03287

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1103 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Roy Schulte

Mailing Address 56 Buttonball Lane

City

Madison

State

CT

Zip Code

06443-2445

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Gartner, Inc.

Occupation

Computer Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03288

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gary J. Schultz

Mailing Address 1108 W. Powderhorn Road

City

Mechanicsburg

State

PA

Zip Code

17050-2006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03289

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary Barbara Schultz

Mailing Address 50 Bow Air Center #200

City

Greenbrae

State

CA

Zip Code

94904-1939

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03290

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1104 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Russell D. Schultz

Mailing Address P.O. Box 380

City

Michigantown

State

IN

Zip Code

46057-0380

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai03291

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Russell D. Schultz

Mailing Address P.O. Box 380

City

Michigantown

State

IN

Zip Code

46057-0380

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai03292

Amount of Each Receipt this Period

180.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Yvonne Schultz

Mailing Address 420 Lincoln Avenue

City

Minot

State

ND

Zip Code

58703-2216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 9

Transaction ID: 2009M04L11ai03293

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

880.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1105 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. & Mrs. Harry Richard Schumacher

Mailing Address 47 E. 88Th Street  
 Apartment 14A

City State Zip Code  
 New York NY 10128-1152

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03294

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. & Mrs. Harry Richard Schumacher

Mailing Address 47 E. 88Th Street  
 Apartment 14A

City State Zip Code  
 New York NY 10128-1152

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03295

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mrs. Christa Schutz

Mailing Address 1 Renaissance Square  
 Unit 16E

City State Zip Code  
 White Plains NY 10601-3030

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03296

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1106 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard W. Schuur

Mailing Address 13120 Nimrod Place

City

Los Angeles

State

CA

Zip Code

90049-3633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03297

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. A. Duane Schwartz

Mailing Address 204 Clydesdale Trace

City

Louisville

State

KY

Zip Code

40223-3376

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03298

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Lydia Ann Schwartz

Mailing Address P.O. Box 1524

City

Sedona

State

AZ

Zip Code

86339-6633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03299

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1107 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Madeleine Y. Schwartz

Mailing Address 8440 Beacon Hill Road

City

Cincinnati

State

OH

Zip Code

45243-4202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03300

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Pamela Schwer

Mailing Address P.O. Box 127

City

Kingwood

State

WV

Zip Code

26537-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maloney & Associates, P.L.-  
L.C.

Occupation  
Certified Public Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03301

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. C. Ron Schwisow

Mailing Address 806 Palomino

City

Midland

State

TX

Zip Code

79705-1811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03302

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1108 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Thomas L. Scoopmire

Mailing Address P.O. Box 30243

City

Greenville

State

NC

Zip Code

27833-0243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03303

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Thomas L. Scoopmire

Mailing Address P.O. Box 30243

City

Greenville

State

NC

Zip Code

27833-0243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03304

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Hon Gerald W. Scott

Mailing Address P.O. Box 4915

City

Buena Vista

State

CO

Zip Code

81211-4915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03305

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1109 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Maymo Scott

Mailing Address P.O. Box 434

City

Centerville

State

UT

Zip Code

84014-1335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Library

Occupation

Process Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03306

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Maymo Scott

Mailing Address P.O. Box 434

City

Centerville

State

UT

Zip Code

84014-1335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Library

Occupation

Process Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03307

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Maymo Scott

Mailing Address P.O. Box 434

City

Centerville

State

UT

Zip Code

84014-1335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Library

Occupation

Process Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03308

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1110 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Maymo Scott

Mailing Address P.O. Box 434

City

Centerville

State

UT

Zip Code

84014-1335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Library

Occupation

Process Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03309

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John A. Scotti

Mailing Address 2180 Clairmont Drive

City

Pittsburgh

State

PA

Zip Code

15241-3246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03310

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ray Screbant

Mailing Address 81 Bell Canyon Road

City

Bell Canyon

State

CA

Zip Code

91307-1104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03311

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

555.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1111 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gerald Charles Scullin

Mailing Address 3461 Loadstone Dr.

City

Sherman Oaks

State

CA

Zip Code

91403-4513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Delphi Business Propertie-  
s, Inc.

Occupation

Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03312

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William P. Scully

Mailing Address 771 Manatee Cove

City

Vero Beach

State

FL

Zip Code

32963-3730

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03313

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dick & Carolyn Seaberg

Mailing Address 1424 Via Zumaya

City

Palos Verdes Estat

State

CA

Zip Code

90274-2824

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03314

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1112 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert A. Seale, Jr.

Mailing Address 6627 Wanita Place

City

Houston

State

TX

Zip Code

77007-2034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liskow & Lewis

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03315

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. W. H. Seaman

Mailing Address 7328 Forbes Avenue

City

Van Nuys

State

CA

Zip Code

91406-2737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03316

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Segina

Mailing Address 303 Lansing Island Drive

City

Satellite Beach

State

FL

Zip Code

32937-5106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Health First

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03317

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1113 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard M. Seibert

Mailing Address 919 Sunnyside Avenue

City

Reading

State

PA

Zip Code

19610-2245

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03318

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard M. Seibert

Mailing Address 919 Sunnyside Avenue

City

Reading

State

PA

Zip Code

19610-2245

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03319

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Arnold J. Seidule

Mailing Address 410 Oak Drive

City

Lake Jackson

State

TX

Zip Code

77566-4217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03320

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

2050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1114 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Harry J. Sellers

Mailing Address 3613 Cromwell Drive

City

Hephzibah

State

GA

Zip Code

30815-6210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03321

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Chris Seltsam

Mailing Address 2004 Blackhorse Ln.

City

Lexington

State

KY

Zip Code

40503-3708

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cmt Pizza Partners

Occupation  
Restaurant Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03322

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Thomas Semler

Mailing Address 4104 Rolling Knolls Drive

City

Allen

State

TX

Zip Code

75002-2752

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03323

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1115 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. F. Joseph Sensenbrenner

Mailing Address 1537 Lyon Drive  
 Apartment A5

City State Zip Code  
 Neenah WI 54956-4274

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03324

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Gail F. Sermersheim

Mailing Address 5130 Falcon Chase Lane

City State Zip Code  
 Atlanta GA 30342-2154

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03325

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Scott Serovy

Mailing Address 9415 E. Hillery Way

City State Zip Code  
 Scottsdale AZ 85260-2017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nestle, U. S. A.

Occupation  
Sales Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03326

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1475.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1116 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Scott Serovy

Mailing Address 9415 E. Hillery Way

City

Scottsdale

State

AZ

Zip Code

85260-2017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nestle, U. S. A.

Occupation

Sales Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03327

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Kathleen Servidea

Mailing Address 14 Point O'Woods Road South

City

Darien

State

CT

Zip Code

06820

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Partnerre Capital Markets  
Corp

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03328

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ray Settle

Mailing Address 111 Industry Pkwy.

City

Nicholasville

State

KY

Zip Code

40356-9114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03329

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1117 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Severson

Mailing Address 330 Marshall Street  
Suite 1420

City State Zip Code  
Shreveport LA 71101-3016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai03330

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Sewell

Mailing Address 220 Little Harpe Trail

City State Zip Code  
Salttillo MS 38866-9533

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 9

Transaction ID: 2009M04L11ai03331

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Ranah Seyda

Mailing Address 821 Virginia Dr.

City State Zip Code  
Orlando FL 32819

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Interior Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 9

Transaction ID: 2009M04L11ai03332

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1118 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mildred L. Seyler

Mailing Address 37 Church Street  
 Apartment 11

City State Zip Code  
 Port Allegany PA 16743-1165

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03333

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mildred L. Seyler

Mailing Address 37 Church Street  
 Apartment 11

City State Zip Code  
 Port Allegany PA 16743-1165

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03334

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Kirk Shadrick

Mailing Address 1510 Detwiler Drive

City State Zip Code  
 York PA 17404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Government

Occupation  
Coast Guard

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03335

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1119 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Kirk Shadrick

Mailing Address 1510 Detwiler Drive

City State Zip Code  
 York PA 17404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Government

Occupation  
Coast Guard

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai03336

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steven R. Shallenberger

Mailing Address 1330 South 1000 East

City State Zip Code  
 Orem UT 84097-7260

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Synergy Corporat-  
ion

Occupation  
Businessman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03337

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Eileen D. Shamel

Mailing Address 4915 Yapple Avenue

City State Zip Code  
 Santa Barbara CA 93111-1533

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03338

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional) .....

1310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1120 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Michael Shanahan

Mailing Address 74265 Desert Rose Lane

City

Indian Wells

State

CA

Zip Code

92210-7376

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Capital Group, Inc.

Occupation  
Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03339

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Michael Shanahan

Mailing Address 74265 Desert Rose Lane

City

Indian Wells

State

CA

Zip Code

92210-7376

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Capital Group, Inc.

Occupation  
Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03340

Amount of Each Receipt this Period

4000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Bernice R. Shanklin

Mailing Address 249 Antiqua Way

City

Niceville

State

FL

Zip Code

32578-4002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03341

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

6250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1121 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. Robert W. Sharp

Mailing Address 2 Gittings Avenue

City

Baltimore

State

MD

Zip Code

21212-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	9	

Transaction ID: 2009M04L11ai03342

Amount of Each Receipt this Period

1.00

B.

Full Name (Last, First, Middle Initial)

Ms. Jacqueline L. Sharwell

Mailing Address 171 Devon Road

City

Bronxville

State

NY

Zip Code

10708-5700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	9	

Transaction ID: 2009M04L11ai03343

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr. George H. Shattuck, Jr.

Mailing Address 7897 S.E. Loblolly Bay Drive

City

Hobe Sound

State

FL

Zip Code

33455-3832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	9	

Transaction ID: 2009M04L11ai03344

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

151.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1122 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. George H. Shattuck, Jr.

Mailing Address 7897 S.E. Loblolly Bay Drive

City State Zip Code  
**Hobe Sound FL 33455-3832**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 9 / 2 0 0 9**

Transaction ID: 2009M04L11ai03345

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. R. S. Shawell

Mailing Address 4915 Post Oak Timber Drive

City State Zip Code  
**Houston TX 77056-2211**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 9 / 2 0 0 9**

Transaction ID: 2009M04L11ai03346

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James J. Shea, Jr.

Mailing Address 70168 Sonora Rd

City State Zip Code  
**Rancho Mirage CA 92270-3431**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 3 1 / 2 0 0 9**

Transaction ID: 2009M04L11ai03347

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**725.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1123 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert F. Shea

Mailing Address 4514 Woods End  
P. O. Box 44284

City State Zip Code  
Madison WI 53711-1420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03348

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert F. Shea

Mailing Address 4514 Woods End  
P. O. Box 44284

City State Zip Code  
Madison WI 53711-1420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03349

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Stephen H. Shealy

Mailing Address 2910 Fairway View Ct.

City State Zip Code  
Castle Rock CO 80108-8318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diversified Radiology

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03350

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

405.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1124 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William J. Sheehan, Jr.

Mailing Address 27 Elm Drive

City

New Hyde Park

State

NY

Zip Code

11040-3348

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
H.S.B.C.

Occupation

Tax Preparer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03351

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Vernon Sheen

Mailing Address 3289 Mulberry Street

City

Edgewater

State

MD

Zip Code

21037-1623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03352

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Riley C. Shelnutt

Mailing Address 1400 Ruckel Drive

City

Niceville

State

FL

Zip Code

32578-1617

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Textron Systems

Occupation

Program Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03353

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

2400.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1125 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles Shelton

Mailing Address 4658 Carlton Dunes Drive

City

Fernandina Beach

State

FL

Zip Code

32034-5590

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03354

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George P. Shelton, III

Mailing Address 4124 Kingsferry Drive

City

Arlington

State

TX

Zip Code

76016-3636

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03355

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sharon M. Shelton

Mailing Address 11713 Crossdale Avenue

City

Norwalk

State

CA

Zip Code

90650-7710

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03356

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1126 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark R. Shenkman

Mailing Address 1 Gaston Farm Road

City

Greenwich

State

CT

Zip Code

06831-2711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Shenkman Capital Manageme-  
nt, Inc.

Occupation

Portfolio Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03357

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Col. & Mrs William E. Sherman

Mailing Address 4269 Wiltshire Place

City

Dumfries

State

VA

Zip Code

22025-3148

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Department Of Defense

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03358

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Linda I. Sherwin

Mailing Address 2523 Elite Terrace

City

Colorado Springs

State

CO

Zip Code

80920-3857

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lockheed Martin

Occupation

Training and Development Representativ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03359

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1127 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth A. Sherwood

Mailing Address 1380 Calle Pequeno

City

Gardnerville

State

NV

Zip Code

89410-6612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03360

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth A. Sherwood

Mailing Address 1380 Calle Pequeno

City

Gardnerville

State

NV

Zip Code

89410-6612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03361

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dae Y. Shin

Mailing Address 5823 Bowen Daniel Drive

City

Tampa

State

FL

Zip Code

33616-5651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dae Shin Enterprises, Inc.

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03362

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1128 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Stacey L. Shindelar

Mailing Address 1732 S. Congress Avenue  
 #193

City State Zip Code  
 Palm Springs FL 33461-2140

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dept. Housing & Urban Dev-  
elopment

Occupation  
Mortgage Banking

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03363

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Keith H Shinohara

Mailing Address 2-12-6-201 Shoto

City State Zip Code  
 Shibuya-Ku, Tokyo ZZ 00000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Citigroup

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03364

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John L. Shipman

Mailing Address 2176 Ter Van Court NE

City State Zip Code  
 Grand Rapids MI 49505-6330

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03365

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1129 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John L. Shipman

Mailing Address 2176 Ter Van Court NE

City

Grand Rapids

State

MI

Zip Code

49505-6330

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03366

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Brian K. Shipp

Mailing Address 1325 Holly Springs Road

City

Rockmart

State

GA

Zip Code

30153-6428

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Aiken Grading

Occupation  
V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03367

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Louis E. Shirley

Mailing Address 1359 Central Avenue

City

East Point

State

GA

Zip Code

30344-4946

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Newell Recycling, L.L.C.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03368

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1130 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard F. Shonk

Mailing Address 7440 Wood Meadow Dr.

City State Zip Code  
**Cincinnati OH 45243-3073**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 United Healthcare

Occupation  
 Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 23 2009**

Transaction ID: 2009M04L11ai03369

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William L. Shores

Mailing Address 3334 Horseshoe Bend Court

City State Zip Code  
**Longwood FL 32779-3135**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Shores, Tagman & Company,  
 Pa

Occupation  
 C.P.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 18 2009**

Transaction ID: 2009M04L11ai03370

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James M. Shoup

Mailing Address 3481 Woodstone Drive

City State Zip Code  
**Lewis Center OH 43035-9386**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 25 2009**

Transaction ID: 2009M04L11ai03371

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1350.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1131 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard L. Showalter

Mailing Address 8016 S. Villa Avenue

City

Oklahoma City

State

OK

Zip Code

73159-4825

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai03372

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert H. Shrader

Mailing Address 9333 Rolling Circle

City

San Antonio

State

FL

Zip Code

33576-4651

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 9

Transaction ID: 2009M04L11ai03373

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Sandy Shultz

Mailing Address 1700 Flagler Avenue

City

Key West

State

FL

Zip Code

33040-4944

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Chatham Radiologist, P.  
A.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 9

Transaction ID: 2009M04L11ai03374

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1132 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. David Shumway

Mailing Address 1450 36Th Avenue S.E.

City

Norman

State

OK

Zip Code

73026-4726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	0	9

Transaction ID: 2009M04L11ai03375

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. &amp; Mrs. Steve Shy

Mailing Address 3174 Route 75

City

Huntington

State

WV

Zip Code

25704-9150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	0	9

Transaction ID: 2009M04L11ai03376

Amount of Each Receipt this Period

1125.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. &amp; Mrs. James Sidell

Mailing Address 17809 Meeting House Road

City

Sandy Spring

State

MD

Zip Code

20860-1022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	9

Transaction ID: 2009M04L11ai03377

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

1375.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1133 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. James Sidell

Mailing Address 17809 Meeting House Road

City

Sandy Spring

State

MD

Zip Code

20860-1022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03378

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Herbert J. Siegel

Mailing Address 190 E. 72Nd Street  
Apartment 28D

City

New York

State

NY

Zip Code

10021-4370

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
News America, Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03379

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard Siegel

Mailing Address 201 Russett Road

City

Chestnut Hill

State

MA

Zip Code

02467-3625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03380

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1134 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Louis W. Siegrist, Jr.

Mailing Address 4052 Avonwood Avenue

City

Las Vegas

State

NV

Zip Code

89121-4504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai03381

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Vernon Erwin Sieling

Mailing Address 34405 Port Superior Road

City

Bayfield

State

WI

Zip Code

54814-3500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 9

Transaction ID: 2009M04L11ai03382

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Vernon Erwin Sieling

Mailing Address 34405 Port Superior Road

City

Bayfield

State

WI

Zip Code

54814-3500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 9

Transaction ID: 2009M04L11ai03383

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Sigler

Mailing Address 360 S. Arroyo Blvd

City

Pasadena

State

CA

Zip Code

91105-1405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Amgen

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03384

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Silliman

Mailing Address 16 Jardine Lane

City

Lincoln Park

State

NJ

Zip Code

07035-1519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03385

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Silliman

Mailing Address 16 Jardine Lane

City

Lincoln Park

State

NJ

Zip Code

07035-1519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03386

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1136 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Brett Silver

Mailing Address 19 Great Hills

City

New Hope

State

PA

Zip Code

18938-9283

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ncb Management Services,  
Inc

Occupation  
Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03387

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Erron Silverstein

Mailing Address 8979 Norma Place

City

West Hollywood

State

CA

Zip Code

90069-4818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Software Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03388

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph L. Simek

Mailing Address 123 W. State Street  
Suite 6

City

Medford

State

WI

Zip Code

54451-0467

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03389

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1137 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David M. Simmons

Mailing Address 2761 Knollwood Drive

City

Montgomery

State

AL

Zip Code

36116-3816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03390

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David M. Simmons

Mailing Address 2761 Knollwood Drive

City

Montgomery

State

AL

Zip Code

36116-3816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03391

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Spike Simmons

Mailing Address 154 W. Buffalo Street

City

Holbrook

State

AZ

Zip Code

86025-2838

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai03392

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

330.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1138 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Simmons

Mailing Address 6636 Dogwood Creek Drive

City

Austin

State

TX

Zip Code

78746-1318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03393

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gregory S. Simms

Mailing Address 7337 Holiday Road S.

City

Jacksonville

State

FL

Zip Code

32216-3241

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03394

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael Simon

Mailing Address 1601 Banks St

City

Houston

State

TX

Zip Code

77006-6021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03395

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1139 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Michael S. Simon

Mailing Address 75 Prospect Street  
 Apartment 2B

City State Zip Code  
 East Orange NJ 07017-2336

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.24

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03396

Amount of Each Receipt this Period

278.24

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Mitchell Simons

Mailing Address 81 Sweetbriar Avenue

City State Zip Code  
 Fort Thomas KY 41075-1620

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03397

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Ronald Simons

Mailing Address 4583 W. 1100 N.

City State Zip Code  
 Idaville IN 47950-7904

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Willie Motes Auto Recycli-  
 ng

Occupation  
 Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03398

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

2178.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael A. Simpson

Mailing Address 1318 Montgomery Ln

City

Southlake

State

TX

Zip Code

76092-9600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Michael A Simpson & Assoc-  
iates

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03399

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. S. Frank Simpson

Mailing Address 2170 Cascading Creek Court

City

Cumming

State

GA

Zip Code

30041-7696

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Int. Gourmet Pro., Inc.

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03400

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Wayne L. Simpson

Mailing Address 8716 Glenmora Drive

City

Shreveport

State

LA

Zip Code

71106-6233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03401

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

795.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1141 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. William H. Simpson

Mailing Address 2532 Hepplewhite Drive

City

York

State

PA

Zip Code

17404-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	9	

Transaction ID: 2009M04L11ai03402

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. William H. Simpson

Mailing Address P.O. Box 2026

City

York

State

PA

Zip Code

17405-2026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	9	

Transaction ID: 2009M04L11ai03403

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gordon B. Sims, Jr.

Mailing Address 304 Sims Ln.

City

Luray

State

VA

Zip Code

22835-7141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	9	

Transaction ID: 2009M04L11ai03404

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1142 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Barbara J. Singleton

Mailing Address 2601 Marsh Lane  
Unit 331

City State Zip Code  
Plano TX 75093-8462

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03405

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Edward E. Singleton

Mailing Address 811 Carpenter Drive

City State Zip Code  
Hollister CA 95023-9385

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03406

Amount of Each Receipt this Period

440.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James M. Sink

Mailing Address P.O. Box 925

City State Zip Code  
Bellaire TX 77402-0925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03407

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1143 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jimmy O. Sio

Mailing Address 8604 Dinard Place

City

Bakersfield

State

CA

Zip Code

93311-2136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03408

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Oldrich Sipal

Mailing Address 12919 East Corrine Drive

City

Scottsdale

State

AZ

Zip Code

85259-3554

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03409

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael Siwierka

Mailing Address 5507 Deerbourne Chase Drive

City

Sugar Land

State

TX

Zip Code

77479-4194

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Perdue Brandon Fielder Co-  
llins

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03410

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1144 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Johann Skaptason

Mailing Address 15567 Floyd Lane

City

Overland Park

State

KS

Zip Code

66223-3288

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03411

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Billy K. Skelly

Mailing Address 3780 W. 26th St.

City

Joplin

State

MO

Zip Code

64804-0137

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03412

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Neusa J. Skeoch

Mailing Address 6857 Elaine Way

City

San Diego

State

CA

Zip Code

92120-3932

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03413

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1145 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Damir S. Skerl

Mailing Address 702 Last Arrow Drive

City

Houston

State

TX

Zip Code

77079-4205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03414

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Ann Skok

Mailing Address 3 Spindrift Court  
Apartment 8

City

Buffalo

State

NY

Zip Code

14221-7832

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03415

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert A. Skotnicki

Mailing Address 4729 Rock Ledge Drive

City

Harrisburg

State

PA

Zip Code

17110-3255

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Associated Cardiologists

Occupation

Cardiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03416

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1146 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Timothy Skrobot

Mailing Address 1001 Crossings Drive

City

Lithia Springs

State

GA

Zip Code

30122-3900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Zaxby's

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03417

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles J. Skuba

Mailing Address 3913 Hillandale Court N.W.

City

Washington

State

DC

Zip Code

20007-3947

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Government

Occupation  
International Trade

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03418

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Slaney

Mailing Address 745 W. Sunset Dr.

City

Redlands

State

CA

Zip Code

92373-6937

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03419

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1025.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1147 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Joan E. Slattery

Mailing Address 21955 Minnetonka Blvd.  
 Apartment 5

City State Zip Code  
**Greenwood MN 55331-5601**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 30 2009**

Transaction ID: 2009M04L11ai03420

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald Slattery

Mailing Address 2-11-5 Azabu Juban, Room #902

City State Zip Code  
**Minato-Ku, Tokyo ZZ 00000**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Requested

Occupation  
 Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 17 2009**

Transaction ID: 2009M04L11ai03421

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jim Slaughaupt

Mailing Address P.O. Box 909

City State Zip Code  
**Chelan WA 98816-0909**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Slaughaupt Agency

Occupation  
 Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 16 2009**

Transaction ID: 2009M04L11ai03422

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

970.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 1148 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mitchell Slayton

Mailing Address 1383 Yacht Club Road

City

Hartwell

State

GA

Zip Code

30643-8028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03423

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Shirley M. Sleichter

Mailing Address 808 Hartz Court

City

La Claire

State

IA

Zip Code

52753-9214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03424

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Barry J. Small

Mailing Address 1038 Ponus Ridge Road

City

New Canaan

State

CT

Zip Code

06840

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Weeden & Co.

Occupation  
Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03425

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1320.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1149 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Lynn Smelt

Mailing Address 3305 W. Kirby Street

City

Tampa

State

FL

Zip Code

33614-3364

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Invest Financial Coporati-  
on

Occupation  
Evp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03426

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Lynn Smelt

Mailing Address 3305 W. Kirby Street

City

Tampa

State

FL

Zip Code

33614-3364

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Invest Financial Coporati-  
on

Occupation  
Evp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03427

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Wanda F. Smiddy

Mailing Address 9371 Vaughn Ln.

City

Franklin

State

OH

Zip Code

45005-1434

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03428

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 1150 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Blaine H. Smith, Jr.

Mailing Address 4250 N. 5Th Street

City

Duncan

State

OK

Zip Code

73533-5536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ascog

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai03429

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Cheryl A Smith

Mailing Address 3325 S Mariana Cir

City

Tempe

State

AZ

Zip Code

85282-5555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03430

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Clarence Smith

Mailing Address 504 Fairview Parkway

City

Lafayette

State

LA

Zip Code

70508-6334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03431

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional) .....

620.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1151 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Clifton L. Smith

Mailing Address 3370 Longer Road

City

Greensboro

State

GA

Zip Code

30642-9618

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03432

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Daniel R. Smith

Mailing Address 3056 Shoal Creek Village Drive

City

Lakeland

State

FL

Zip Code

33803-5424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03433

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David Smith

Mailing Address 2412 Woodwinds Ln.

City

Wayzata

State

MN

Zip Code

55391-9409

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03434

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1152 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

David L. Smith

Mailing Address 2442 Patagonia Way

City

Anthem

State

AZ

Zip Code

85086-2366

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pulte Homes

Occupation

Land Development Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03435

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Doris S. Smith

Mailing Address 625 27 1/2 Road  
Unit 107

City

Grand Junction

State

CO

Zip Code

81506-5102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03436

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Earl W. Smith

Mailing Address 2700 E. Jacaranda Road

City

Palm Springs

State

CA

Zip Code

92264-4845

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03437

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1153 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. F. Randall Smith

Mailing Address 325 E. 53Rd St #3

City

New York

State

NY

Zip Code

10022-3228

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Capital Counsel, L.L.C.

Occupation

President/Investment Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03438

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Goodhue Smith

Mailing Address 5400 Bosque Blvd.  
Suite 250

City

Waco

State

TX

Zip Code

76710-4480

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03439

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Hunter Smith

Mailing Address 1160 Tennis Road

City

Charlottesville

State

VA

Zip Code

22901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03440

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1154 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. James A. Smith

Mailing Address 2562 Treasure Drive  
 Apartment S4102

City State Zip Code  
**Santa Barbara CA 93105-4104**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 26 2009**

Transaction ID: 2009M04L11ai03441

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. & Mrs. James F. Smith

Mailing Address 5 Byron Nelson

City State Zip Code  
**San Antonio TX 78257-1726**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 30 2009**

Transaction ID: 2009M04L11ai03442

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. John B. Smith

Mailing Address 156 Parrish Loop

City State Zip Code  
**Montross VA 22520-4127**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 16 2009**

Transaction ID: 2009M04L11ai03443

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

**400.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1155 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. John B. Smith

Mailing Address 156 Parrish Loop

City

Montross

State

VA

Zip Code

22520-4127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03444

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John J Smith

Mailing Address 1510 N Colonial Ct

City

Arlington

State

VA

Zip Code

22209-1439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hogan & Hartson Llp

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03445

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Johnny Smith

Mailing Address 140 Guilford Lane

City

Prattville

State

AL

Zip Code

36066-5128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03446

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1156 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Keith Smith

Mailing Address 2929 Blackwood Road

City

Decatur

State

GA

Zip Code

30033-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
First Capital

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03447

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence Smith

Mailing Address 2840 N.W. 35Th Avenue

City

Portland

State

OR

Zip Code

97210-1568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03448

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lloyd Smith

Mailing Address 1312 W. Grand Avenue

City

Port Washington

State

WI

Zip Code

53074-2042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03449

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1157 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark A.H. Smith, Jr.

Mailing Address P.O. Box 100

City

Linden

State

VA

Zip Code

22642-0100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	9	

Transaction ID: 2009M04L11ai03450

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Max Smith

Mailing Address 3375 S. El Dorado

City

Lakeway

State

TX

Zip Code

78734-5231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	9	

Transaction ID: 2009M04L11ai03451

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Merrill G. Smith

Mailing Address 7420 Country Commons Lane

City

Sylvania

State

OH

Zip Code

43560-2965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	9	

Transaction ID: 2009M04L11ai03452

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1158 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael David Smith

Mailing Address 8453 Greenside Drive

City

Dublin

State

OH

Zip Code

43017-8462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Textron

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03453

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul Smith

Mailing Address 2650 Pacific Heights Road

City

Honolulu

State

HI

Zip Code

96813-1049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03454

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul Francis Smith

Mailing Address 360 Kilbarnock Place

City

Melbourne

State

FL

Zip Code

32940-1875

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03455

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1159 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert A. Smith

Mailing Address 4715 Garden Ranch Drive  
Apartment N207

City State Zip Code  
Colorado Springs CO 80918-6503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northrop Grumman

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03456

Amount of Each Receipt this Period

18.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert A. Smith

Mailing Address 4715 Garden Ranch Drive  
Apartment N207

City State Zip Code  
Colorado Springs CO 80918-6503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northrop Grumman

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03457

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Rodney D. Smith

Mailing Address 4207 170th Avenue

City State Zip Code  
Lakota IA 50451-7009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03458

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

139.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1160 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. Rodney D. Smith

Mailing Address 4207 170th Avenue

City

Lakota

State

IA

Zip Code

50451-7009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	9	

Transaction ID: 2009M04L11ai03459

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Roger H. Smith

Mailing Address 1313 Stagecoach Rd Se

City

Albuquerque

State

NM

Zip Code

87123-4320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	9	

Transaction ID: 2009M04L11ai03460

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Ruth E. Smith

Mailing Address 604 W. Stoughton Street  
Apartment 12

City

Urbana

State

IL

Zip Code

61801-8807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	9	

Transaction ID: 2009M04L11ai03461

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1161 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Ruth R. Smith

Mailing Address 237 Camp Street  
P.O. Box 384

City State Zip Code  
**Barre VT 05641-3205**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 23 2009**

Transaction ID: 2009M04L11ai03462

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Colonel Sherman A. Smith

Mailing Address 3890 Noble Drive  
Apartment 1704

City State Zip Code  
**San Diego CA 92122-5784**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Self Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 11 2009**

Transaction ID: 2009M04L11ai03463

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Steven & Lorra J. Smith

Mailing Address 11402 S. 69Th East Ave.

City State Zip Code  
**Bixby OK 74008-8239**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 31 2009**

Transaction ID: 2009M04L11ai03464

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

**500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1162 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Smith

Mailing Address P.O. Box 844

City

Houston

State

TX

Zip Code

77001-0844

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03465

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Vianne Smith

Mailing Address 4800 Canoe Creek Road

City

Saint Cloud

State

FL

Zip Code

34772-7442

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Soksod Company, Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03466

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Vianne Smith

Mailing Address 4800 Canoe Creek Road

City

Saint Cloud

State

FL

Zip Code

34772-7442

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Soksod Company, Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai03467

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1163 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William A Smith

Mailing Address 2320 West Butler St.

City

Leesburg

State

FL

Zip Code

34748-5402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03468

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William D. Smith

Mailing Address 4833 West 96Th Street

City

Bloomington

State

MN

Zip Code

55437-2062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03469

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Barbara Snelling

Mailing Address 4092 Harbor Road

City

Shelburne

State

VT

Zip Code

05482-7797

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03470

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1164 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Archie Snider

Mailing Address 48 Orchard Hills Street

City

Atherton

State

CA

Zip Code

94027-5458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03471

Amount of Each Receipt this Period

205.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul H. Snider

Mailing Address 5150 Madison Avenue

City

Sacramento

State

CA

Zip Code

95841-9623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03472

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John M. Snodsmith

Mailing Address 57 Oak Lane

City

Springfield

State

IL

Zip Code

62712-8611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Clinical Radiologists, In-  
c.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03473

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

755.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1165 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Eddie R. Snyder

Mailing Address P.O. Box 550

City

Yerington

State

NV

Zip Code

89447-0550

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03474

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lester Snyder, III

Mailing Address 50721 Chesapeake Drive

City

Novi

State

MI

Zip Code

48374-2551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03475

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lester Snyder, III

Mailing Address 50721 Chesapeake Drive

City

Novi

State

MI

Zip Code

48374-2551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03476

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1166 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. Lester F. Snyder, Jr.

Mailing Address 808 Lovetta Drive

City

Dayton

State

OH

Zip Code

45429-3138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	9	

Transaction ID: 2009M04L11ai03477

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Sally M. Snyder

Mailing Address 555 5Th Avenue N.E.  
Ph.2

City

St. Petersburg

State

FL

Zip Code

33701-2663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	0	/	2	0	9	

Transaction ID: 2009M04L11ai03478

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Theodore M Snyder

Mailing Address 4861 Ocean View Boulevard

City

La Canada

State

CA

Zip Code

91011-1235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Real Estate Investment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	9	

Transaction ID: 2009M04L11ai03479

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1167 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph M. Socha

Mailing Address 453 Clifton Avenue

City

Romeoville

State

IL

Zip Code

60446-1418

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Village Of Romeville

Occupation  
Custodian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03480

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William P. Sockman

Mailing Address 11250 Wellington Drive

City

Chardon

State

OH

Zip Code

44024-9683

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ashtabula Dental Associate

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03481

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas M. Sodeman

Mailing Address 114 Thurstons Way

City

Mooreville

State

NC

Zip Code

28117-7112

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03482

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

870.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1168 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Sohner

Mailing Address 4353 Cloverdale Road S.E.

City

Cedar Rapids

State

IA

Zip Code

52411-6816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rockwill Collins, Inc.

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03483

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ismael De Leon Solis

Mailing Address 645 Boronda Road

City

Salinas

State

CA

Zip Code

93907-1719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
B.C. Harvesting

Occupation  
Farm Labor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03484

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas G Somermeier

Mailing Address 9599 Sunset Blvd.

City

Beverly Hills

State

CA

Zip Code

90210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03485

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1169 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John S. Somerville, Jr.

Mailing Address 174 Buttonwood Drive

City

Fair Haven

State

NJ

Zip Code

07704-3632

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03486

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John S. Somerville, Jr.

Mailing Address 174 Buttonwood Drive

City

Fair Haven

State

NJ

Zip Code

07704-3632

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03487

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John E. Sommer

Mailing Address P.O. Box 75

City

Kidron

State

OH

Zip Code

44636-0075

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kidron Division Services

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03488

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1170 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mrs. Donna Sonderman

Mailing Address P.O. Box 1350  
 29570 Pacific Street

City State Zip Code  
**Gold Beach OR 97444-1350**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ret.

Occupation  
Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 09 2009**

Transaction ID: 2009M04L11ai03489

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joseph Song

Mailing Address 515 10th Avenue

City State Zip Code  
**San Francisco CA 94118**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tpmg

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 06 2009**

Transaction ID: 2009M04L11ai03490

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. &amp; Mrs. James A. Sonntag

Mailing Address 123 Peacock Drive

City State Zip Code  
**San Rafael CA 94901-1552**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 06 2009**

Transaction ID: 2009M04L11ai03491

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1171 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Todd Sorensen

Mailing Address 220453 E. 42Nd St.

City

Scottsbluff

State

NE

Zip Code

69361-5727

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Regional West Medical Cen-  
ter

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03492

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark P. Sork

Mailing Address 316 Ruby Avenue

City

Newport Beach

State

CA

Zip Code

92662-1130

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03493

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Frank Joseph Sosler

Mailing Address 7697 Hawks Nest Trail

City

Littleton

State

CO

Zip Code

80125-9296

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lockheed Martin

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03494

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1172 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Guillermina Soto

Mailing Address 6121 N. Cynthia Ct.

City

**McAllen**

State

**TX**

Zip Code

**78504-2004**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sapphire Custom Mfg

Occupation

**Owner Of Sapphire**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**710.00**

Date of Receipt

**03 / 20 / 2009**

**Transaction ID: 2009M04L11ai03495**

Amount of Each Receipt this Period

**500.00**

**B.**

Full Name (Last, First, Middle Initial)

Dr. Wilber B. Spalding, Jr.

Mailing Address 6900 Overhill Road

City

**Mission Hills**

State

**KS**

Zip Code

**66208-2769**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03 / 03 / 2009**

**Transaction ID: 2009M04L11ai03496**

Amount of Each Receipt this Period

**500.00**

**C.**

Full Name (Last, First, Middle Initial)

Christine Spangler

Mailing Address 3438 King George Drive

City

**Orlando**

State

**FL**

Zip Code

**32835-5904**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Marriott Vacation Club In-  
c.

Occupation

**Information Technology**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 26 / 2009**

**Transaction ID: 2009M04L11ai03497**

Amount of Each Receipt this Period

**250.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1250.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1173 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. Frank Spann

Mailing Address 6345 Bell Creek Court

City

Grand Bay

State

AL

Zip Code

36541-5122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern Truck & EquipmentOccupation  
Owner

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	9	

Transaction ID: 2009M04L11ai03498

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Dr. James C Spann

Mailing Address 7215 S. 26Th West Avenue

City

Tulsa

State

OK

Zip Code

74132-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ardent HealthcareOccupation  
Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	9	

Transaction ID: 2009M04L11ai03499

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles Sparks

Mailing Address 706 W. North Street

City

Hinsdale

State

IL

Zip Code

60521-3044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charles Sparks & CompanyOccupation  
Architect

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	9	

Transaction ID: 2009M04L11ai03500

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1174 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Susan J. Spence

Mailing Address P.O. Box 498

City

Alto

State

NM

Zip Code

88312-0553

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03501

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Cleon & Ada Spencer

Mailing Address 9538 Pickwick Drive

City

Jacksonville

State

FL

Zip Code

32257-5419

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03502

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John O. Spendrup

Mailing Address 409 W. Main Street

City

Grand Junction

State

CO

Zip Code

81501-5609

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03503

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1175 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stuart H. Spindel

Mailing Address P.O. Box 484

City

Hawesville

State

KY

Zip Code

42348-0484

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03504

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Tonya H. Spivey

Mailing Address 1600 Fairway Drive

City

Vidalia

State

GA

Zip Code

30474-5560

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03505

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Victor F Splan

Mailing Address 2713 North Franklin Road

City

Arlington

State

VA

Zip Code

22201-3911

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Decision Engineering

Occupation

Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03506

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1176 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Ms. Kae M. Spoerl

Mailing Address 3030 Broadmoor Lane

City

State

Zip Code

State College

PA

16801-2789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	0	9

Transaction ID: 2009M04L11ai03507

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Camille Sprio

Mailing Address 19 Millbrook Place

City

State

Zip Code

Bedford

NY

10506-1700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	0	9

Transaction ID: 2009M04L11ai03508

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steven Sproles

Mailing Address 9177 Pembrige Drive

City

State

Zip Code

Mechanicsville

VA

23116-4115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Estes Express Lines, Inc.Occupation  
Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	0	9

Transaction ID: 2009M04L11ai03509

Amount of Each Receipt this Period

205.00

SUBTOTAL of Receipts This Page (optional) .....

705.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1177 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Donna L. St. Louis

Mailing Address 930 Carlanna Lake Road  
 Apartment A30

City State Zip Code  
 Ketchikan AK 99901-5657

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tongass Tower condominium  
Association

Occupation  
Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03510

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Joan P. Stadler

Mailing Address 1755 N. State Route 560

City State Zip Code  
 Urbana OH 43078-9666

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03511

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Helen L. Stairs

Mailing Address P.O. Box 216

City State Zip Code  
 Sanford FL 32772-1892

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03512

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1178 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert E. Stairs

Mailing Address 10443 Tam O. Shanter Road

City

Pensacola

State

FL

Zip Code

32514-8306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03513

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Wallace A. Stanberry

Mailing Address 625 Market Street  
Suite 200

City

Shreveport

State

LA

Zip Code

71101-5370

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03514

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Richard L. Stangler

Mailing Address 6968 Bullock Drive

City

San Diego

State

CA

Zip Code

92114-7885

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bowlers Depot

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03515

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1179 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Richard L. Stangler

Mailing Address 6968 Bullock Drive

City

San Diego

State

CA

Zip Code

92114-7885

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bowlers Depot

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03516

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frank A. Stanisci

Mailing Address 1144 S.W. 43Rd Street

City

Cape Coral

State

FL

Zip Code

33914-5748

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Labcorp

Occupation  
Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03517

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Jennifer A Stannard

Mailing Address 17 Lewis Road

City

Stamford

State

CT

Zip Code

06905-2214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Health Net

Occupation  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03518

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1180 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Walter Pe Stansbury

Mailing Address 1035 Lake View Drive

City

Boyne City

State

MI

Zip Code

49712-9657

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03519

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Beverly Stanton

Mailing Address 21335 N. Shotgun Ridge Road

City

Paulden

State

AZ

Zip Code

86334-4322

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03520

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael D. Stanton-Hicks

Mailing Address 11405 Clearfield Lane

City

Chardon

State

OH

Zip Code

44024-9051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
C.C.F.

Occupation  
Vice Chairperson

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03521

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1181 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael D. Stanton-Hicks

Mailing Address 11405 Clearfield Lane

City

Chardon

State

OH

Zip Code

44024-9051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
C.C.F.

Occupation

Vice Chairperson

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03522

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Catherine M. Stark

Mailing Address 1219 Tiverton Trail Drive

City

Rochester Hills

State

MI

Zip Code

48306-4073

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oakland-Macomb Ob/Gyn, Pc

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03523

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Catherine M. Stark

Mailing Address 1219 Tiverton Trail Drive

City

Rochester Hills

State

MI

Zip Code

48306-4073

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oakland-Macomb Ob/Gyn, Pc

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03524

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1182 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Andy Starling

Mailing Address 2408 Brookwood Trail

City

Sanford

State

NC

Zip Code

27330-8200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sanford Steel Corp

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03525

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Andy Starling

Mailing Address 2408 Brookwood Trail

City

Sanford

State

NC

Zip Code

27330-8200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sanford Steel Corp

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03526

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Mary G. Starr

Mailing Address 2529 U.S. Highway 73

City

Hiawatha

State

KS

Zip Code

66434-8201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03527

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1183 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary Allen Stayer

Mailing Address 894 Tupelo Wood Court

City

Newbury Park

State

CA

Zip Code

91320-3648

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pamtech

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03528

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Faith Joy Stazzoni

Mailing Address 945 Park Lane

City

Santa Barbara

State

CA

Zip Code

93108-1421

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03529

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Henry Stein

Mailing Address 580 Ashwood Road

City

Springfield

State

NJ

Zip Code

07081-2527

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Atlantic Realty

Occupation  
Real Estate Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03530

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1184 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Donald J. Steinbeisser

Mailing Address 11918 County Road 348

City  
**Sidney**

State  
**MT**

Zip Code  
**59270-6356**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
**Self-Employed**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**03 / 26 / 2009**

**Transaction ID: 2009M04L11ai03531**

Amount of Each Receipt this Period

**150.00**

**B.**

Full Name (Last, First, Middle Initial)

Dr. Donald Steiner

Mailing Address 1S702 Birchbrook Court

City  
**Glen Ellyn**

State  
**IL**

Zip Code  
**60137-6880**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
**Self-Employed**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**450.00**

Date of Receipt

**03 / 12 / 2009**

**Transaction ID: 2009M04L11ai03532**

Amount of Each Receipt this Period

**250.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Steinkamp

Mailing Address P. O. Box 98

City  
**Rochester**

State  
**VT**

Zip Code  
**05767-0098**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2000.00**

Date of Receipt

**03 / 06 / 2009**

**Transaction ID: 2009M04L11ai03533**

Amount of Each Receipt this Period

**1000.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1400.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1185 / 1940

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. James R. Stelmach

Mailing Address 2625 E. Southern Avenue  
Unit C270City State Zip Code  
Tempe AZ 85282-7656FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	9

Transaction ID: 2009M04L11ai03534

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kurt Stephan

Mailing Address 12318 N. Golf Dr.

City State Zip Code  
Mequon WI 53092-2447FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	9

Transaction ID: 2009M04L11ai03535

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard Stephan

Mailing Address 600 W Germantown Pike

City State Zip Code  
Plymouth Meeting PA 19462-1046FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Linck and SteophanOccupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	0	/	2	0	0	9

Transaction ID: 2009M04L11ai03536

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

925.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1186 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Alice Stephens

Mailing Address 1404 Rachel Lane

City

Tallahassee

State

FL

Zip Code

32308-7723

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03537

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Alice Stephens

Mailing Address 1404 Rachel Lane

City

Tallahassee

State

FL

Zip Code

32308-7723

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03538

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Phil W. Stephenson

Mailing Address 115 Neal Road

City

Wharton

State

TX

Zip Code

77488-2711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03539

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1187 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dick J. Sterk

Mailing Address 1918 Mirmar Lane

City

Munster

State

IN

Zip Code

46321-2719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03540

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Christopher R. Steuri

Mailing Address P.O. Box 884  
4300 Kai Ikena Drive

City

Kalaheo

State

HI

Zip Code

96741-0884

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Koa Kea Hotel Resort

Occupation  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03541

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James E. Stevens

Mailing Address 90 Hart Rd.

City

Barrington

State

IL

Zip Code

60010-2665

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Stevens Pump, Co.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03542

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1188 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Larry R. Stevens

Mailing Address 4 Mistywood Ln.

City

Sandy

State

UT

Zip Code

84092-4850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Med One Capital, Inc.

Occupation

Business Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03543

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard C. Stevens

Mailing Address 3091 Highlands Bridge Rd.

City

Sarasota

State

FL

Zip Code

34235-6842

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03544

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas H. Stevens

Mailing Address 1102 S.E. Mitchell Avenue  
Apartment 301

City

Port Saint Lucie

State

FL

Zip Code

34952-5937

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Enviroseal Corporation

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03545

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1189 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William T.C. Stevens

Mailing Address 4024 S.W. Tualatin Avenue

City State Zip Code  
 Portland OR 97239-1574

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03546

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Carl R. Stevenson

Mailing Address 3931 West 87th Street

City State Zip Code  
 Tulsa OK 74132-4138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Assoc. Anes., Inc.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03547

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John A. Stevenson

Mailing Address 24574 State Route 104

City State Zip Code  
 Circleville OH 43113-9666

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S.D.A.

Occupation  
State Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03548

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

**230.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1190 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John A. Stevenson

Mailing Address 24574 State Route 104

City

Circleville

State

OH

Zip Code

43113-9666

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S.D.A.

Occupation

State Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03549

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Kathryn Stevenson

Mailing Address 4510 Arniel Place

City

Fairfax

State

VA

Zip Code

22030-5755

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03550

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Lt. Raymond Steventon, USN (Ret)

Mailing Address 6902 Parkside Circle  
Apartment 102

City

De Forest

State

WI

Zip Code

53532-1915

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03551

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1191 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. Terry J. Stevinson

Mailing Address 14744 W. 32nd Drive

City

Golden

State

CO

Zip Code

80401-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stevinson Group

Occupation

Corporate Secretary

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	9

Transaction ID: 2009M04L11ai03552

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr. Terry J. Stevinson

Mailing Address 14744 W. 32nd Drive

City

Golden

State

CO

Zip Code

80401-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stevinson Group

Occupation

Corporate Secretary

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	9

Transaction ID: 2009M04L11ai03553

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Campbell Steward

Mailing Address 65 Asbury Street

City

Topsfield

State

MA

Zip Code

01983-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kona Corporation

Occupation

Executive

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	0	9

Transaction ID: 2009M04L11ai03554

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1192 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Aroona B Stewart

Mailing Address 22680 Hidden Hills Road

City

Yorba Linda

State

CA

Zip Code

92887-2800

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Placentia Linda Hospital

Occupation

Registered Nurse

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03555

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Gordon W. Stewart

Mailing Address P.O. Box 474

City

Sonora

State

TX

Zip Code

76950-0474

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03556

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Gordon W. Stewart

Mailing Address P.O. Box 474

City

Sonora

State

TX

Zip Code

76950-0474

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03557

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1193 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Stewart

Mailing Address 2419 Fairbanks Dr.

City

Clearwater

State

FL

Zip Code

33764-2811

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Task Force Logistics

Occupation

Business Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03558

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George A. Stickels

Mailing Address 1515 Jefferson Davis Highway  
Apartment 1202

City

Arlington

State

VA

Zip Code

22202-3313

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S.D.A.

Occupation

Agr Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03559

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George A. Stickels

Mailing Address 1515 Jefferson Davis Highway  
Apartment 1202

City

Arlington

State

VA

Zip Code

22202-3313

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S.D.A.

Occupation

Agr Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03560

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1194 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Byron C. Stickler

Mailing Address 514 Washington Street

City

Quincy

State

IL

Zip Code

62301-4864

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03561

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gerard Stitt

Mailing Address 319 Barksdale Ave.

City

Waldorf

State

MD

Zip Code

20602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dyncorp

Occupation  
Helicopter Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03562

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gerard Stitt

Mailing Address 319 Barksdale Ave.

City

Waldorf

State

MD

Zip Code

20602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dyncorp

Occupation  
Helicopter Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03563

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

420.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1195 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gerard Stitt

Mailing Address 319 Barksdale Ave.

City

Waldorf

State

MD

Zip Code

20602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dyncorp

Occupation

Helicopter Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03564

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gerard Stitt

Mailing Address 319 Barksdale Ave.

City

Waldorf

State

MD

Zip Code

20602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dyncorp

Occupation

Helicopter Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03565

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gerard Stitt

Mailing Address 319 Barksdale Ave.

City

Waldorf

State

MD

Zip Code

20602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dyncorp

Occupation

Helicopter Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03566

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1196 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. Rob Stitt

Mailing Address 2901 Slough Drive

City

Temple

State

TX

Zip Code

76502-3975

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. Army

Occupation

Logistics Management

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	9	

Transaction ID: 2009M04L11ai03567

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph Stocks

Mailing Address 1835 Enterprise Street

City

Waukesha

State

WI

Zip Code

53189-7426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Waukesha Electric Systems

Occupation

Laborer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	9	

Transaction ID: 2009M04L11ai03568

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph Stocks

Mailing Address 1835 Enterprise Street

City

Waukesha

State

WI

Zip Code

53189-7426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Waukesha Electric Systems

Occupation

Laborer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	9	

Transaction ID: 2009M04L11ai03569

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1197 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Stocks

Mailing Address 1835 Enterprise Street

City

Waukesha

State

WI

Zip Code

53189-7426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Waukesha Electric Systems

Occupation  
Laborer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03570

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Stocks

Mailing Address 1835 Enterprise Street

City

Waukesha

State

WI

Zip Code

53189-7426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Waukesha Electric Systems

Occupation  
Laborer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03571

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Scott Stockton

Mailing Address 4702 N. Blazingstar Trl.

City

Castle Rock

State

CO

Zip Code

80109-9400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03572

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1198 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William B. Stockwell

Mailing Address 892 Lafayette Drive

City

Mount Laurel

State

NJ

Zip Code

08054-3241

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Stockwell Elastomerics,  
Inc

Occupation

Business Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03573

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Sherwood B. Stolp

Mailing Address 1907 Martha Washington Drive

City

Wauwatosa

State

WI

Zip Code

53213-2468

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03574

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Sherwood B. Stolp

Mailing Address 1907 Martha Washington Drive

City

Wauwatosa

State

WI

Zip Code

53213-2468

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03575

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1199 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Sherwood B. Stolp

Mailing Address 1907 Martha Washington Drive

City

Wauwatosa

State

WI

Zip Code

53213-2468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03576

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Stone

Mailing Address 300 Plantation View Lane

City

Mount Pleasant

State

SC

Zip Code

29464-6228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03577

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth Stone

Mailing Address 1077 Bromley Ave

City

Teaneck

State

NJ

Zip Code

07666-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peak Search Inc

Occupation  
Executive Recruiter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03578

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

620.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1200 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms Linda S. Stone

Mailing Address 2121 Carroll Creek View Court

City

Frederick

State

MD

Zip Code

21702-5902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03579

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary L. Stone

Mailing Address 6 Whittier Place  
Apartment 6P

City

Boston

State

MA

Zip Code

02114-1406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capital Growth Management

Occupation  
Associate Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03580

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard F. Storm

Mailing Address P.O. Box 429  
900 Colonial Drive

City

Albemarle

State

NC

Zip Code

28002-0429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03581

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1201 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. M. J. Strahm

Mailing Address 1705 Roosevelt Street  
 Apartment 61

City State Zip Code  
 Sabetha KS 66534-2156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03582

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael Strain

Mailing Address 3818 Colony Woods Drive

City State Zip Code  
 Sugar Land TX 77479-2843

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Spectrum Digital, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03583

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Leroy Strand

Mailing Address 482 Strand Lane  
 P.O. Box 29

City State Zip Code  
 Geyser MT 59447-0029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03584

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1202 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Ada A. Strassenburgh

Mailing Address P.O. Box 608

City

Ocean View

State

NJ

Zip Code

08230-0608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai03585

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gerald Stratbucker

Mailing Address 6796 Meadow View Drive

City

Summerfield

State

NC

Zip Code

27358-9153

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 9

Transaction ID: 2009M04L11ai03586

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gerald Stratbucker

Mailing Address 6796 Meadow View Drive

City

Summerfield

State

NC

Zip Code

27358-9153

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 9

Transaction ID: 2009M04L11ai03587

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1203 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Terry Lee Stratton

Mailing Address 497 Choate Road

City

Alvin

State

TX

Zip Code

77511-0422

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03588

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles S. Strauch

Mailing Address 1681 Kettering

City

Irvine

State

CA

Zip Code

92614-5613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GA Services, L.L.C.

Occupation  
Chairman/Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03589

Amount of Each Receipt this Period

15000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Jocelyn Straus

Mailing Address 555 Argyle Avenue

City

San Antonio

State

TX

Zip Code

78209-5612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03590

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

15600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1204 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Miss Yolande H. Strawinski

Mailing Address 1130 Sylvan Place

City

Monterey

State

CA

Zip Code

93940-4903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Ins. Co.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03591

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Alexis Street

Mailing Address 1372 May Ave

City

Atlanta

State

GA

Zip Code

30316

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Street Household

Occupation

Stay At Home Mom

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03592

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Miss Doris Strelczyk

Mailing Address 202 Fleetwood Drive

City

Victoria

State

TX

Zip Code

77901-3612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hall Electric Company, In-  
c.

Occupation

Sales Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03593

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1205 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Strickland

Mailing Address 545 Blue Heron Way

City

Alpharetta

State

GA

Zip Code

30004-2770

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03594

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul A. Strickland

Mailing Address 543 N. Marlborough Circle

City

Shreveport

State

LA

Zip Code

71106-6132

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03595

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Judith S. Strickler

Mailing Address 1880 Keezletown Road

City

Harrisonburg

State

VA

Zip Code

22802-2707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03596

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1206 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Nathan Stringer

Mailing Address P.O. Box 868

City

Laurel

State

MS

Zip Code

39441-0868

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
B. & R. Industrial Supply  
Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03597

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Nathan Stringer

Mailing Address P.O. Box 868

City

Laurel

State

MS

Zip Code

39441-0868

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
B. & R. Industrial Supply  
Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03598

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Merle D. Strowmatt

Mailing Address P.O. Box 82

City

Versailles

State

MO

Zip Code

65084-0082

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03599

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1207 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Z. K. Strzalkowski

Mailing Address 6 Dandelion Drive

City

Boiling Springs

State

PA

Zip Code

17007-9735

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03600

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Z. K. Strzalkowski

Mailing Address 6 Dandelion Drive

City

Boiling Springs

State

PA

Zip Code

17007-9735

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03601

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William Stuart

Mailing Address P.O. Box 347

City

Billings

State

MT

Zip Code

59103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
First Interstate Bank

Occupation  
Trust Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03602

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1208 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

T. Stubblefield

Mailing Address 3521 E. Sunshine St.

City

Springfield

State

MO

Zip Code

65809-2814

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Reliable Automotive, Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03603

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Sturges

Mailing Address 420 Avon Drive

City

Pittsburgh

State

PA

Zip Code

15228-2104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pennsylvania Drilling Com-  
pany

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03604

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Murry B. Sturkie

Mailing Address 1996 E. Handel Court

City

Meridian

State

ID

Zip Code

83646-4734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Emergency Medicine Of Ida-  
ho, P.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03605

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1209 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Philip Joseph Stutes

Mailing Address 1350 S. Richfield Road

City

Duson

State

LA

Zip Code

70529-3301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fugro Chance Inc.

Occupation

Engineer/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03606

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Amy Styczynski

Mailing Address 6239 Northwood Road

City

Dallas

State

TX

Zip Code

75225-2822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03607

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ivonne Gatell Suarez

Mailing Address 13315 S.W. 1St Terrace

City

Miami

State

FL

Zip Code

33184-1113

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03608

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1210 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Col. Charles L. Sues, U.S.A. (Re

Mailing Address 2710 Sailors Way

City

Naples

State

FL

Zip Code

34109-7624

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03609

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Howard O. Suhm

Mailing Address 317 Indian Bluff Drive

City

Kerrville

State

TX

Zip Code

78028-2008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03610

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Eugene Sukup

Mailing Address 1379 Beeds Lake Drive

City

Hampton

State

IA

Zip Code

50441-7437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sukey Manufacturing Compa-  
ny

Occupation  
Board Chair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03611

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary E. Sukup

Mailing Address 1379 Beeds Lake Drive

City

Hampton

State

IA

Zip Code

50441-7437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03612

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ed Sulcer

Mailing Address 11562 Columbia Highway

City

Lynnville

State

TN

Zip Code

38472-5065

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03613

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Valerie Jean Sulfaro

Mailing Address 2550 Maple Road

City

Saginaw

State

MI

Zip Code

48601-9415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03614

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional) .....

885.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1212 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Donna J Sullivan

Mailing Address 504 Calera Place

City

Fort Worth

State

TX

Zip Code

76114-4121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03615

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Emilie P. O. Sullivan

Mailing Address 265 E. 66Th Street  
Apartment 10C

City

New York

State

NY

Zip Code

10065-6490

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03616

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Emilie P. O. Sullivan

Mailing Address 265 E. 66Th Street  
Apartment 10C

City

New York

State

NY

Zip Code

10065-6490

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03617

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1213 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Harley Sullivan

Mailing Address 920 Congress Ave. #200

City

Austin

State

TX

Zip Code

78701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03618

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. John D. Sullivan

Mailing Address 2210 Collingwood Road

City

Alexandria

State

VA

Zip Code

22308-1518

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Chamber Of Commerce

Occupation  
Association

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03619

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Lynn S. Sullivan

Mailing Address 356 Summit County Road 2407

City

Silverthorne

State

CO

Zip Code

80498

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03620

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1214 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark Sullivan

Mailing Address 1428 Amador Ln.

City

Pinon Hills

State

CA

Zip Code

92372-9366

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03621

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. N. Dennis Sulser

Mailing Address 5085 Old Traveller Lane

City

Mechanicsville

State

VA

Zip Code

23111-6429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03622

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Danny Summers

Mailing Address 1500 S. 3000 E.

City

Sugar City

State

ID

Zip Code

83448-1231

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03623

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1215 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Shirley Frances Summers

Mailing Address 200 Edgemere Court

City

Oklahoma City

State

OK

Zip Code

73118-8624

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03624

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Sunderland

Mailing Address 953 Pyrite Avenue

City

Henderson

State

NV

Zip Code

89011-3059

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03625

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Sunderland

Mailing Address 953 Pyrite Avenue

City

Henderson

State

NV

Zip Code

89011-3059

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03626

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 1216 / 1940

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Sunderland

Mailing Address 953 Pyrite Avenue

City

Henderson

State

NV

Zip Code

89011-3059

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03627

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John H. Sundstrom

Mailing Address 405 Roseneath Road

City

Richmond

State

VA

Zip Code

23221-2341

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03628

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Rozene R. Supple

Mailing Address 1850 Smoke Tree Lane

City

Palm Springs

State

CA

Zip Code

92264-1602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03629

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Daniel Surrells

Mailing Address P.O. Box 258  
 75 Old Main Street

City State Zip Code  
**Eagle Lake ME 04739-0258**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Northeast Cad

Occupation  
 Self Employed/Drafting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 1 2 / 2 0 0 9**

Transaction ID: 2009M04L11ai03630

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mrs. Elizabeth H. Sutro

Mailing Address 3598 Jackson Street

City State Zip Code  
**San Francisco CA 94118-1808**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 4 / 2 0 0 9**

Transaction ID: 2009M04L11ai03631

Amount of Each Receipt this Period

210.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Howard E. Sutton

Mailing Address P.O. Box 639

City State Zip Code  
**Oil City LA 71061-0639**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Requested

Occupation  
 Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 1 1 / 2 0 0 9**

Transaction ID: 2009M04L11ai03632

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Ms. Linda M. Sutton

Mailing Address P.O. Box 4027

City State Zip Code  
**Kingman AZ 86402-4027**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 24 2009**

Transaction ID: 2009M04L11ai03633

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Michael J. Svetlic

Mailing Address 7111 Country Wood Lane

City State Zip Code  
**Kansas City MO 64152-1199**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 06 2009**

Transaction ID: 2009M04L11ai03634

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. & Mrs. William Swaim

Mailing Address 2768 W. Casas Drive

City State Zip Code  
**Tucson AZ 85742-9777**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 05 2009**

Transaction ID: 2009M04L11ai03635

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1219 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David Swain

Mailing Address 17258 E. Melody Drive

City

Higley

State

AZ

Zip Code

85234-0004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03636

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Sarah Swamy

Mailing Address 8635 Edgerton Blvd.

City

Jamaica

State

NY

Zip Code

11432-2936

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bank Of New York Mellon

Occupation

Desk Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03637

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Perry R. Swanson

Mailing Address 1700 Grandview Avenue  
Apartment 403

City

Pittsburgh

State

PA

Zip Code

15211-1050

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03638

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1220 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. James E. Swart

Mailing Address 13652 Pine Villa Lane

City

Fort Myers

State

FL

Zip Code

33912-1616

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03639

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. James E. Swart

Mailing Address 13652 Pine Villa Lane

City

Fort Myers

State

FL

Zip Code

33912-1616

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03640

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Mildred M. Swartzmiller

Mailing Address 319 S. Wood Street

City

Chesaning

State

MI

Zip Code

48616-1355

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03641

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1221 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. Patrick H. Swearingen, Jr.

Mailing Address 310 Argyle Avenue

City

San Antonio

State

TX

Zip Code

78209-5609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cox Smith Matthews, Inc.Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	9	

Transaction ID: 2009M04L11ai03642

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. &amp; Mrs. Douglas Sweet

Mailing Address 3385 Eagle Bluff Drive

City

Mound

State

MN

Zip Code

55364-8596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	9	

Transaction ID: 2009M04L11ai03643

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr. Vernal R. Swenson

Mailing Address 1448 N. 1180 E.

City

Shelley

State

ID

Zip Code

83274-5100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	9	

Transaction ID: 2009M04L11ai03644

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1222 / 1940

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Keith R. Swerdfeger

Mailing Address 421 E. Industrial Blvd.

City

Pueblo

State

CO

Zip Code

81007-1415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	9	

Transaction ID: 2009M04L11ai03645

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles P. Swift

Mailing Address 30 Cara Drive

City

Nanuet

State

NY

Zip Code

10954-3701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montalbano, Condon & Fran-  
k, P.

Occupation

Attorney

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	9	

Transaction ID: 2009M04L11ai03646

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles P. Swift

Mailing Address 30 Cara Drive

City

Nanuet

State

NY

Zip Code

10954-3701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montalbano, Condon & Fran-  
k, P.

Occupation

Attorney

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	9	

Transaction ID: 2009M04L11ai03647

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

575.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1223 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles P. Swift

Mailing Address 30 Cara Drive

City

Nanuet

State

NY

Zip Code

10954-3701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Montalbano, Condon & Fran-  
k, P.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03648

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John B. Swift, Jr.

Mailing Address 1809 Swift Mill Road

City

Atmore

State

AL

Zip Code

36502-1007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03649

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Guat S. Sy, Jr.

Mailing Address 29828 Cottonwood Court

City

Farmington Hills

State

MI

Zip Code

48331-1922

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03650

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1224 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Slawomir Szczepanski

Mailing Address 641 W. Willow Street  
 Apartment 107

City State Zip Code  
 Chicago IL 60614-5176

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Jenkes & Gilchrist

Occupation  
 Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03651

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lee L. Tabler

Mailing Address 8 Revell Street

City State Zip Code  
 Annapolis MD 21401-2611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Tdic

Occupation  
 Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03652

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey P. Taft

Mailing Address 1001 N. Randolph Street  
 Apartment 810

City State Zip Code  
 Arlington VA 22201-5608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Mayer Brown Llp

Occupation  
 Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03653

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1020.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1225 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James M. Tait

Mailing Address 700 Rockefeller Road

City

Lake Forest

State

IL

Zip Code

60045-3144

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03654

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Roy Takeda

Mailing Address 3940 Royal Oak Place

City

Encino

State

CA

Zip Code

91436-3918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03655

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David Takesian

Mailing Address 18 Westwood Terrace

City

Lawrence

State

MA

Zip Code

01843-1922

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03656

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1226 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. David Takesian

Mailing Address 18 Westwood Terrace

City

Lawrence

State

MA

Zip Code

01843-1922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03657

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. O. James Talbott, II

Mailing Address 10 Ruxton Hill Rd.

City

Towson

State

MD

Zip Code

21204-3551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercantile Bankshares Cor-  
poration

Occupation  
Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03658

Amount of Each Receipt this Period

105.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Jennie L. Taliaferro

Mailing Address 5502 Glenwick Ln.

City

Dallas

State

TX

Zip Code

75209-5108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Real Estate Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03659

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1227 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jennie L. Taliaferro

Mailing Address 5502 Glenwick Ln.

City

Dallas

State

TX

Zip Code

75209-5108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation

Real Estate Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03660

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James M. Talkington

Mailing Address 6241 Little Dirt Rd.

City

Panama City

State

FL

Zip Code

32404-5728

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03661

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edwin Talledo

Mailing Address 3804 Platt Avenue

City

Lynwood

State

CA

Zip Code

90262-3633

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03662

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1228 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Steven Tappe

Mailing Address 3140 S Peoria K228

City

Aurora

State

CO

Zip Code

80014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Property Management

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03663

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Anthony G. Tappin

Mailing Address 528 Forest Mews Drive

City

Oak Brook

State

IL

Zip Code

60523-2618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03664

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony G. Tappin

Mailing Address 528 Forest Mews Drive

City

Oak Brook

State

IL

Zip Code

60523-2618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03665

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1229 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles Tashjian

Mailing Address 56 Dartmouth Street

City

Medford

State

MA

Zip Code

02155-5950

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03666

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stanley G. Tate

Mailing Address 1175 N.E. 125Th Street  
Suite 102

City

North Miami

State

FL

Zip Code

33161-5009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Real Estate Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03667

Amount of Each Receipt this Period

30400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David W. Tauber

Mailing Address P.O. Box 4645

City

Houston

State

TX

Zip Code

77210-4645

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tauber Oil Company

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03668

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

31100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1230 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Arthur Tauck

Mailing Address 6 Bluff Pt

City

Westport

State

CT

Zip Code

06880-6902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03669

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Christopher T. Taylor

Mailing Address 16 Whitfield Road

City

Baltimore

State

MD

Zip Code

21210-2928

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03670

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Deborah R. Taylor

Mailing Address 1050 Seminole Drive  
Penthouse B.

City

Fort Lauderdale

State

FL

Zip Code

33304-3225

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03671

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1231 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edmund F. Taylor

Mailing Address 96 Clifffield Road

City

Bedford

State

NY

Zip Code

10506-1208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Credit Suisse First Boston

Occupation

Investment Banker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03672

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Janice Taylor

Mailing Address 290 Brandywine Drive

City

Colorado Springs

State

CO

Zip Code

80906-7666

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03673

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joel Taylor

Mailing Address 7812 Cadbury Avenue

City

Potomac

State

MD

Zip Code

20854-2995

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ts&L

Occupation

Ceo

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03674

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1232 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. &amp; Mrs. Raynor A.K. Taylor</p> <p>Mailing Address 813 Mariposa Court</p> <p>City Virginia Beach State VA Zip Code 23455-4700</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <div>300.00</div></p>	<p>Date of Receipt  <div>03 / 09 / 2009</div></p> <p>Transaction ID: 2009M04L11ai03675</p> <p>Amount of Each Receipt this Period  <div>50.00</div></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Ronald Taylor</p> <p>Mailing Address 13032 Bow Place</p> <p>City Santa Ana State CA Zip Code 92705-2014</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self-Employed Occupation Self-Employed</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <div>210.00</div></p>	<p>Date of Receipt  <div>03 / 25 / 2009</div></p> <p>Transaction ID: 2009M04L11ai03676</p> <p>Amount of Each Receipt this Period  <div>100.00</div></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Thad M. Taylor</p> <p>Mailing Address 2704 S. Grove Street</p> <p>City Arlington State VA Zip Code 22202-2424</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <div>300.00</div></p>	<p>Date of Receipt  <div>03 / 09 / 2009</div></p> <p>Transaction ID: 2009M04L11ai03677</p> <p>Amount of Each Receipt this Period  <div>40.00</div></p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<div>190.00</div>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<div></div>

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1233 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Tommye D. Taylor

Mailing Address 205 N. 8Th Street

City

Murray

State

KY

Zip Code

42071-1936

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03678

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Taylor, Jr.

Mailing Address 6115 Avenue T.

City

Brooklyn

State

NY

Zip Code

11234-5901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03679

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mons L. Teigen

Mailing Address 19 Clover View Drive

City

Helena

State

MT

Zip Code

59601-0252

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03680

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1234 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth Folsom Tenney

Mailing Address 3307 N.E. 2nd St.

City

Gainesville

State

FL

Zip Code

32609-2334

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Central Fla. Drywall&Plas-  
terin

Occupation  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03681

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John F. Tepe, Sr.

Mailing Address 8396 Maineville Road

City

Maineville

State

OH

Zip Code

45039-8611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lt Enterprises

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03682

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John F. Tepe, Sr.

Mailing Address 8396 Maineville Road

City

Maineville

State

OH

Zip Code

45039-8611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lt Enterprises

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03683

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

4100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1235 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Ellen Terrett

Mailing Address 2304 Comstock Street

City

State

Zip Code

Miles City

MT

59301-5073

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 9

Transaction ID: 2009M04L11ai03684

Amount of Each Receipt this Period

245.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Russell Terry

Mailing Address 2 Wimbledon Drive W.

City

State

Zip Code

Mobile

AL

36608-2378

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 9

Transaction ID: 2009M04L11ai03685

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Russell Terry

Mailing Address 2 Wimbledon Drive W.

City

State

Zip Code

Mobile

AL

36608-2378

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 9

Transaction ID: 2009M04L11ai03686

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

595.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1236 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Russell Terry

Mailing Address 2 Wimbledon Drive W.

City

State

Zip Code

Mobile

AL

36608-2378

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03687

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles B. Tesar

Mailing Address 5105 Pacifica Dr.

City

State

Zip Code

San Diego

CA

92109-1505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sharp Rees-Stealy Medical  
Group Inc

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03688

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Myroslawa Tesluk

Mailing Address 2607 George Avenue

City

State

Zip Code

Cleveland

OH

44134-2988

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03689

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1237 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Carol A. Teter

Mailing Address 85799 Bakers Ridge Road

City

Jewett

State

OH

Zip Code

43986-9765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harrison Community Hospital

Occupation  
Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03690

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Sylvia Thacker

Mailing Address 3945 Innsbruck Court

City

Reno

State

NV

Zip Code

89519-0637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03691

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Edward Tharp

Mailing Address 5089 S. E. Jack Avenue

City

Stuart

State

FL

Zip Code

34997-6796

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J. Tharp Const. Corp.

Occupation  
Carpenter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03692

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

1275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1238 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David J. Thayer

Mailing Address 4415 Holland Avenue  
 Unit A.

City State Zip Code  
 Dallas TX 75219-5733

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Bank Of America, Na

Occupation  
 Svp/Group Operations Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03693

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George M. Thelen

Mailing Address 35380 E. Boot Lake Road

City State Zip Code  
 Park Rapids MN 56470-4126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03694

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Theodore Theodores

Mailing Address 50 Shepherds Way

City State Zip Code  
 Barnstable MA 02630-1024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03695

Amount of Each Receipt this Period

105.00

**SUBTOTAL** of Receipts This Page (optional) .....

855.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1239 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. Theodore Theodores

Mailing Address 50 Shepherds Way

City

Barnstable

State

MA

Zip Code

02630-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	9	

Transaction ID: 2009M04L11ai03696

Amount of Each Receipt this Period

105.00

B.

Full Name (Last, First, Middle Initial)

Mr. Peter Thermansen

Mailing Address 5320 N. Lake Drive

City

Milwaukee

State

WI

Zip Code

53217-5372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oethinger Tool

Occupation

Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	9	

Transaction ID: 2009M04L11ai03697

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Patricia Theryoung

Mailing Address 11206 Orange Hibiscus Lane

City

Palm Beach Gardens

State

FL

Zip Code

33418-1515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	9	

Transaction ID: 2009M04L11ai03698

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

855.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1240 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward E. Thiele

Mailing Address 1704 Laguna Drive

City

Richmond

State

TX

Zip Code

77406-9738

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03699

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steven Thode

Mailing Address 5805 Friars Road  
Apartment 2209

City

San Diego

State

CA

Zip Code

92110-6018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Navy

Occupation  
Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03700

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Everett L Thomas, Jr.

Mailing Address 306 Pine Cliff Dr

City

Seneca

State

SC

Zip Code

29672-2233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03701

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1241 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. K. P. Thomas

Mailing Address 8200 Horseshoe Bend Lane

City

Las Vegas

State

NV

Zip Code

89113-0127

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03702

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Karen R. Thomas

Mailing Address 3212 Winter Sun Terrace

City

Oak Hill

State

VA

Zip Code

20171-1939

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Raytheon Company

Occupation  
Diretor Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03703

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Norris Lynwood Thomas, Jr.

Mailing Address 700 N. Dobson Road  
Unit 31

City

Chandler

State

AZ

Zip Code

85224-6940

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pioneer Equipment, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03704

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1242 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. W. R. Thomas

Mailing Address P.O. Box 1253

City State Zip Code  
**Jackson WY 83001-1253**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 27 2009**

Transaction ID: 2009M04L11ai03705

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. William Daniel Thomas, Jr.

Mailing Address 212 Center Suite 400

City State Zip Code  
**Little Rock AR 72201-2435**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 25 2009**

Transaction ID: 2009M04L11ai03706

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. William Daniel Thomas, Jr.

Mailing Address 212 Center Suite 400

City State Zip Code  
**Little Rock AR 72201-2435**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 30 2009**

Transaction ID: 2009M04L11ai03707

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

**2000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1243 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles I. Thompson

Mailing Address 475 W. 12Th Avenue  
Unit 10A

City State Zip Code  
**Denver CO 80204-3687**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 1 2 / 2 0 0 9**

**Transaction ID:** 2009M04L11ai03708

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Conrad Thompson

Mailing Address 901 17Th Street Ne

City State Zip Code  
**Rochester MN 55906-4206**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pharmaceutical Specialties

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 1 3 / 2 0 0 9**

**Transaction ID:** 2009M04L11ai03709

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Elisabeth P. Thompson

Mailing Address 2525 Jamestown Lane

City State Zip Code  
**Montgomery AL 36111-1207**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 3 1 / 2 0 0 9**

**Transaction ID:** 2009M04L11ai03710

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

**850.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1244 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Freida Wilburn Thompson

Mailing Address 1129 Kelly Road

City

Mount Holly

State

NC

Zip Code

28120-9308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai03711

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jimmy Thompson

Mailing Address P.O. Box 1227

City

Clute

State

TX

Zip Code

77531-1227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cape

Occupation  
Site Superintendent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 9

Transaction ID: 2009M04L11ai03712

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

John Thompson

Mailing Address 1847 North 150 East

City

Centerville

State

UT

Zip Code

84014-1039

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 9

Transaction ID: 2009M04L11ai03713

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

860.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1245 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mrs. Judith G. Thompson

Mailing Address 103 Jumento Cay Lane

City

Bonita Springs

State

FL

Zip Code

34134-8504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	9	

Transaction ID: 2009M04L11ai03714

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Larry Thompson

Mailing Address 1178 Hidden Creek Drive

City

Dripping Springs

State

TX

Zip Code

78620-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	9	

Transaction ID: 2009M04L11ai03715

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Mr. Larry Thompson

Mailing Address 1178 Hidden Creek Drive

City

Dripping Springs

State

TX

Zip Code

78620-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	9	

Transaction ID: 2009M04L11ai03716

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional) .....

1175.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1246 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Merrill Thompson

Mailing Address 4688 South Mill Road

City

Carbon

State

IN

Zip Code

47837-8544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	9	

Transaction ID: 2009M04L11ai03717

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William M. Thompson

Mailing Address 5100 John D. Ryan Blvd.  
Apartment 634

City

San Antonio

State

TX

Zip Code

78245-3551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	9	

Transaction ID: 2009M04L11ai03718

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William M. Thompson

Mailing Address 5100 John D. Ryan Blvd.  
Apartment 634

City

San Antonio

State

TX

Zip Code

78245-3551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	9	

Transaction ID: 2009M04L11ai03719

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1247 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Donald Thomson

Mailing Address 7101 Fellowship Road

City

Basking Ridge

State

NJ

Zip Code

07920-3911

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03720

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Arthur Thornton

Mailing Address 1409 W. Dow Rummel Street  
Apartment 202

City

Sioux Falls

State

SD

Zip Code

57104-7820

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03721

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ernest N. Thorp

Mailing Address 10834 Irish Row Road

City

Clinton

State

IL

Zip Code

61727-9294

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03722

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1248 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas A. Thorson

Mailing Address P.O. Box 9

City

Mills

State

WY

Zip Code

82644-0009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Black Hills Benton

Occupation  
Mining

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03723

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas A. Thorson

Mailing Address P.O. Box 9

City

Mills

State

WY

Zip Code

82644-0009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Black Hills Benton

Occupation  
Mining

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03724

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steven E. Thresher

Mailing Address 394 Park St.

City

Uniontown

State

PA

Zip Code

15401-2181

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03725

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1249 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Roy Thronson

Mailing Address 2366 Miramonte Circle E.  
Unit A.

City State Zip Code  
Palm Springs CA 92264-5738

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03726

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Roy Thronson

Mailing Address 2366 Miramonte Circle E.  
Unit A.

City State Zip Code  
Palm Springs CA 92264-5738

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03727

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey E Tickle

Mailing Address 2222 Edgemont Avenue

City State Zip Code  
Bristol TN 37620-4727

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bristol Tennessee City Sc-  
hools

Occupation  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03728

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

**215.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1250 / 1940  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Barbara N. Tidball

Mailing Address P.O. Box 308

City

Ellison Bay

State

WI

Zip Code

54210-0308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	9	

Transaction ID: 2009M04L11ai03729

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Bruce J. Tifeld

Mailing Address 22401 Hillside Avenue  
Apartment 1F

City

Queens Village

State

NY

Zip Code

11427-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	9	

Transaction ID: 2009M04L11ai03730

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Mr. Bruce J. Tifeld

Mailing Address 22401 Hillside Avenue  
Apartment 1F

City

Queens Village

State

NY

Zip Code

11427-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	9	

Transaction ID: 2009M04L11ai03731

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) .....

315.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1251 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bruce J. Tifeld

Mailing Address 22401 Hillside Avenue  
 Apartment 1F

City State Zip Code  
 Queens Village NY 11427-2002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03732

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bruce J. Tifeld

Mailing Address 22401 Hillside Avenue  
 Apartment 1F

City State Zip Code  
 Queens Village NY 11427-2002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03733

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bruce J. Tifeld

Mailing Address 22401 Hillside Avenue  
 Apartment 1F

City State Zip Code  
 Queens Village NY 11427-2002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03734

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1252 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bruce J. Tifeld

Mailing Address 22401 Hillside Avenue  
Apartment 1F

City State Zip Code  
Queens Village NY 11427-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03735

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bruce J. Tifeld

Mailing Address 22401 Hillside Avenue  
Apartment 1F

City State Zip Code  
Queens Village NY 11427-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03736

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bruce J. Tifeld

Mailing Address 22401 Hillside Avenue  
Apartment 1F

City State Zip Code  
Queens Village NY 11427-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03737

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1253 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. George H. Tilghman

Mailing Address 4 Bassett Creek Trail N.

City

Hobe Sound

State

FL

Zip Code

33455-2231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	9	

Transaction ID: 2009M04L11ai03738

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Patricia A. Todd

Mailing Address 655 Weller Drive

City

Mount Airy

State

MD

Zip Code

21771-3440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	9	

Transaction ID: 2009M04L11ai03739

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert S. Todd

Mailing Address 130 Honeysuckle Drive

City

Township Of Washin

State

NJ

Zip Code

07676-5215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	9	

Transaction ID: 2009M04L11ai03740

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1254 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Rm. Bill Toellner

Mailing Address 2402 Park Lane Drive

City

Woodward

State

OK

Zip Code

73801-6331

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai03741

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Edward Toevs

Mailing Address P.O. Box 491

City

Odenton

State

MD

Zip Code

21113-0491

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
D.D.K. Technology Group,  
Inc.

Occupation

Program Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03742

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Edward Toevs

Mailing Address P.O. Box 491

City

Odenton

State

MD

Zip Code

21113-0491

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
D.D.K. Technology Group,  
Inc.

Occupation

Program Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai03743

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1255 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Bernard E. Tofany

Mailing Address 100 Hahnemann Trail  
 Apartment 211

City State Zip Code  
 Pittsford NY 14534-2351

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03744

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Giles D. Toll

Mailing Address 1037 Cottonwood Circle

City State Zip Code  
 Golden CO 80401-1794

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03745

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald C. Tomasso

Mailing Address 9508 Purcell Drive

City State Zip Code  
 Potomac MD 20854-4542

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wakefield Capital

Occupation  
Exec Vive Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03746

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1256 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. James & Maxine Tomer

Mailing Address 21826 26Th Street E.

City

Lake Tapps

State

WA

Zip Code

98391-5640

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03747

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Gail Tomlinson

Mailing Address P.O. Box 3701

City

Olympic Valley

State

CA

Zip Code

96146

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation

Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03748

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Ginnie Tomlinson

Mailing Address 2401A Waterman Blvd.  
Suite 4-122

City

Fairfield

State

CA

Zip Code

94534-1800

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03749

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1257 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frederick A. Tompkins

Mailing Address 10 Brookview Drive  
P.O. Box 63

City State Zip Code  
Derry NH 03038-0063

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 19 / 2009

Transaction ID: 2009M04L11ai03750

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Giles Toole, Jr.

Mailing Address 3375 Capital Circle N.E.

City State Zip Code  
Tallahassee FL 32308-1532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2009

Transaction ID: 2009M04L11ai03751

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Giles Toole, Jr.

Mailing Address 3375 Capital Circle N.E.

City State Zip Code  
Tallahassee FL 32308-1532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai03752

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1258 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David B. Toothman

Mailing Address 301 W. Main Street  
Suite 311

City State Zip Code  
Ardmore OK 73401-6322

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03753

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David B. Toothman

Mailing Address 301 W. Main Street  
Suite 311

City State Zip Code  
Ardmore OK 73401-6322

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03754

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David B. Toothman

Mailing Address 301 W. Main Street  
Suite 311

City State Zip Code  
Ardmore OK 73401-6322

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03755

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1259 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Carolyn Topping

Mailing Address 4333 S.E. Seattle Slew Drive

City

Lees Summit

State

MO

Zip Code

64082-4938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	9	

Transaction ID: 2009M04L11ai03756

Amount of Each Receipt this Period

61.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Vivienne A. Topping

Mailing Address 1482 Country Lake Estates Drive

City

Chesterfield

State

MO

Zip Code

63005-4347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	9	

Transaction ID: 2009M04L11ai03757

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Willard Tormaschy

Mailing Address 819 8Th Avenue W.

City

Dickinson

State

ND

Zip Code

58601-3708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	9	

Transaction ID: 2009M04L11ai03758

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional) .....

596.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1260 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Willard Tormaschy

Mailing Address 819 8Th Avenue W.

City

Dickinson

State

ND

Zip Code

58601-3708

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03759

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Vinney Torres

Mailing Address 67-27 Harrow Street

City

Forest Hills

State

NY

Zip Code

11375-4123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wang Law Office, PLLC.

Occupation  
Paralegal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03760

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George C. Tostevin

Mailing Address 12555 37Th Avenue N.E.

City

Seattle

State

WA

Zip Code

98125-4654

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03761

Amount of Each Receipt this Period

105.00

**SUBTOTAL** of Receipts This Page (optional) .....

305.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1261 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. George C. Tostevin</p> <p>Mailing Address 12555 37Th Avenue N.E.</p> <p>City State Zip Code Seattle WA 98125-4654</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 460.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 3 / 1 1 / 2 0 0 9</p> <p>Transaction ID: 2009M04L11ai03762</p> <p>Amount of Each Receipt this Period 450.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. George C. Tostevin</p> <p>Mailing Address 12555 37Th Avenue N.E.</p> <p>City State Zip Code Seattle WA 98125-4654</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 460.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 3 / 2 4 / 2 0 0 9</p> <p>Transaction ID: 2009M04L11ai03763</p> <p>Amount of Each Receipt this Period 100.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Jesus M. Tovar</p> <p>Mailing Address 2261 East 27Th Way</p> <p>City State Zip Code Yuma AZ 85365-3280</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer T. &amp; P. Farms, Inc. Occupation Agriculture</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 3 / 2 6 / 2 0 0 9</p> <p>Transaction ID: 2009M04L11ai03764</p> <p>Amount of Each Receipt this Period 300.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional) ..... ► <b>450.00</b></p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1262 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Townsend

Mailing Address 4195 St. Catherine Rd.

City

Bellevue

State

IA

Zip Code

52031-9551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03765

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Daniel J. Towslee

Mailing Address P.O. Box 69

City

Woodinville

State

WA

Zip Code

98072

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacland

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03766

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Trevor D. Traina

Mailing Address 2780 Broadway Street

City

San Francisco

State

CA

Zip Code

94115-1105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03767

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1263 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Ann Gordon Trammell

Mailing Address 4605 Post Oak Place Dr.  
Suite 270

City State Zip Code  
Houston TX 77027-9745

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03768

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Patricia F. Travis

Mailing Address 3110 Battersea Lane

City State Zip Code  
Alexandria VA 22309-2104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pitney Bowes

Occupation  
Vice President Of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03769

Amount of Each Receipt this Period

260.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David Treinen

Mailing Address 13505 Eagle Run Drive

City State Zip Code  
Omaha NE 68164-2481

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
West Corporation

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03770

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1010.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1264 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Harold J. Trepagnier, Sr.

Mailing Address 6217 Kingston Road

City

Oklahoma City

State

OK

Zip Code

73122-7601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03771

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Col. Louis B. Trevathan, U.S.A. (Re

Mailing Address 12000 N. 90Th Street  
Apartment 1022

City

Scottsdale

State

AZ

Zip Code

85260-8628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03772

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Joan S. Trewitt

Mailing Address 8 Oakhill Drive

City

Woodside

State

CA

Zip Code

94062-4253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wastech, Inc.

Occupation  
Corporate Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03773

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1265 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Ethan L. Trexler

Mailing Address 1 Reading Drive

City

Wernersville

State

PA

Zip Code

19565-2018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	9	

Transaction ID: 2009M04L11ai03774

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Peter Treyer

Mailing Address 2432 Oak Avenue

City

Northbrook

State

IL

Zip Code

60062-5222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sterling Fire Restoration,  
Ltd.Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	9	

Transaction ID: 2009M04L11ai03775

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Ms Vivian Triplett

Mailing Address 3529 Valleycrest Trl.

City

Trussville

State

AL

Zip Code

35173-5198

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	9	

Transaction ID: 2009M04L11ai03776

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1266 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**C. Trosper**

Mailing Address **110 West Van Buren Street**  
**Room 303**

City State Zip Code  
**Colorado Springs CO 80907-6713**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**Self**

Occupation  
**Investments**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 0 6 / 2 0 0 9**

Transaction ID: 2009M04L11ai03777

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)  
**Mr. Lawrence S. Troum**

Mailing Address **1945 Gulf Of Mexico Dr.**  
**Unit 208**

City State Zip Code  
**Longboat Key FL 34228-3349**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**Retired**

Occupation  
**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

Transaction ID: 2009M04L11ai03778

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)  
**Mr. Robert Trout**

Mailing Address **520 Galer Street**  
**#300**

City State Zip Code  
**Seattle WA 98109-3387**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**Self-Employed**

Occupation  
**Self-Employed**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 3 0 / 2 0 0 9**

Transaction ID: 2009M04L11ai03779

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1267 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ray Kent Troutman

Mailing Address 6337 Klamath Road

City

Fort Worth

State

TX

Zip Code

76116-1617

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03780

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Marcia Trudeau

Mailing Address 8304 E. Woodland Park Drive

City

Spokane

State

WA

Zip Code

99217-9228

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03781

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Truitt

Mailing Address 7656 Pillion Way

City

Delaware

State

OH

Zip Code

43015-8327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tesa, Inc

Occupation  
Manufacturers Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03782

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1268 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Joseph C. Trusina

Mailing Address 1706 Winding Willow Dr.

City

Trinity

State

FL

Zip Code

34655-7141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03783

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Martha A. Trussell

Mailing Address P. O. Box 2168

City

Columbus

State

OH

Zip Code

43216-2168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03784

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Oran J. Tsakopoulos

Mailing Address 902 Persian Garden

City

San Antonio

State

TX

Zip Code

78260-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mass Mutual

Occupation  
Financial Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03785

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1269 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Che S. Tsao

Mailing Address 1213 Forestwood Drive

City

Mc Lean

State

VA

Zip Code

22101-2603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai03786

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Vivian C. H. Tse

Mailing Address 955 Park Avenue

City

New York

State

NY

Zip Code

10028-0321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 9

Transaction ID: 2009M04L11ai03787

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Vivian C. H. Tse

Mailing Address 955 Park Avenue

City

New York

State

NY

Zip Code

10028-0321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 9

Transaction ID: 2009M04L11ai03788

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1270 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Anne M TucheK

Mailing Address 421 Westminster Drive

City

Burr Ridge

State

IL

Zip Code

60527-8338

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03789

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. F. L. Tucker

Mailing Address 2304 Harmony Lane

City

Hoover

State

AL

Zip Code

35226-2406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03790

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William W. Tucker

Mailing Address 4554 Devonshire Rd.

City

Atlanta

State

GA

Zip Code

30338-5601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03791

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1271 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David F. Tufaro

Mailing Address 1817 Thames Street

City

Baltimore

State

MD

Zip Code

21231-3510

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03792

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Charles Tull

Mailing Address 3738 Cypress Club Drive  
Apartment D205

City

Charlotte

State

NC

Zip Code

28210-2490

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03793

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael F. Turansick

Mailing Address 47 Carlyle Lane

City

Buffalo Grove

State

IL

Zip Code

60089-1135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fragomen Del Rey Bernsen

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03794

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1272 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Turnberger

Mailing Address 7 Lynn Court

City

Wilmington

State

DE

Zip Code

19808-4978

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03795

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. C R Turner

Mailing Address 3320 Herb Ct

City

Loveland

State

CO

Zip Code

80537

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03796

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eddie W Turner

Mailing Address 3605 Rivers Call Blvd..

City

Atlanta

State

GA

Zip Code

30339-8502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Abm Industries, Inc.

Occupation  
Senior Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03797

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1273 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael C. Turner

Mailing Address 86 Cumberland Drive

City

Bluffton

State

SC

Zip Code

29910-4820

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03798

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul M. Turner, Jr.

Mailing Address 251 Andrew Lane

City

Canton

State

NC

Zip Code

28716-5823

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03799

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Abigail S. Turpin

Mailing Address 1620 Locust Ave Ste 1

City

Fairmont

State

WV

Zip Code

26554

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation

Realtor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03800

Amount of Each Receipt this Period

305.00

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1274 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. Mark C. Turrentine

Mailing Address 2166 Kurtz Road

City

Holly

State

MI

Zip Code

48442-8382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	0	9

Transaction ID: 2009M04L11ai03801

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Eric L. Tweedie

Mailing Address 345 Herman Melville Ave.

City

Newport News

State

VA

Zip Code

23606-2959

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	9

Transaction ID: 2009M04L11ai03802

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. &amp; Mrs. Carl Scott Twichell, II

Mailing Address 6604 La Manga Drive

City

Dallas

State

TX

Zip Code

75248-2946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Howard's Tractor CompanyOccupation  
President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	0	9

Transaction ID: 2009M04L11ai03803

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1275 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Jerry D. Twiggs

Mailing Address 1803 Boulder Springs Circle

City

Saint George

State

UT

Zip Code

84790-8517

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03804

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles Tyler

Mailing Address 2713 Fox Glenn Court

City

Hurst

State

TX

Zip Code

76054-2786

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03805

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William M Tynes

Mailing Address 5362 East Division

City

Springfield

State

MO

Zip Code

65802-9262

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Springfield Grocer Company

Occupation

Business Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03806

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1276 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mike D. Tyrholm

Mailing Address 3703 Collier Lane

City

Klamath Falls

State

OR

Zip Code

97603-9644

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03807

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mike D. Tyrholm

Mailing Address 3703 Collier Lane

City

Klamath Falls

State

OR

Zip Code

97603-9644

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03808

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Steve Uhlmann

Mailing Address 11401 E. Bella Vista Drive

City

Scottsdale

State

AZ

Zip Code

85259-5813

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03809

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1277 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Miss Ruth E. Ullom

Mailing Address 501 Chisholm Trail

City

Cincinnati

State

OH

Zip Code

45215-2517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03810

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Miss Ruth E. Ullom

Mailing Address 501 Chisholm Trail

City

Cincinnati

State

OH

Zip Code

45215-2517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03811

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Miss Ruth E. Ullom

Mailing Address 501 Chisholm Trail

City

Cincinnati

State

OH

Zip Code

45215-2517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03812

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1278 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. J. C. Ulmer, Jr.

Mailing Address P. O. Box 6

City

Ellore

State

SC

Zip Code

29047-0006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03813

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Shirley Umphenour

Mailing Address 104 Dorothy Street

City

Lakehills

State

TX

Zip Code

78063-6741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03814

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Shirley Umphenour

Mailing Address 104 Dorothy Street

City

Lakehills

State

TX

Zip Code

78063-6741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03815

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1279 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Shirley Umphenour

Mailing Address 104 Dorothy Street

City

Lakehills

State

TX

Zip Code

78063-6741

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03816

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Earl J. Underbrink

Mailing Address 712 Kenyon Road  
Apartment 309

City

Fort Dodge

State

IA

Zip Code

50501-5791

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03817

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steven J. Underriter

Mailing Address 12223 Murdo Court

City

Bristow

State

VA

Zip Code

20136-1942

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
E.W.A., Inc.

Occupation  
Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03818

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1280 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steven J. Underitter

Mailing Address 12223 Murdo Court

City

Bristow

State

VA

Zip Code

20136-1942

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
E.W.A., Inc.

Occupation  
Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03819

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Calvin K. Upp

Mailing Address 212 N. Elm Street

City

Wellington

State

KS

Zip Code

67152-2937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03820

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Ann Upton

Mailing Address 2820 P. Street N. W.

City

Washington

State

DC

Zip Code

20007-3066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03821

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1281 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Stanley W. Urban, Jr.

Mailing Address 66 Terrace Dr.

City State Zip Code  
**Fruitland Park FL 34731-6392**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 1 8 / 2 0 0 9**

Transaction ID: 2009M04L11ai03822

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Stanley W. Urban, Jr.

Mailing Address 66 Terrace Dr.

City State Zip Code  
**Fruitland Park FL 34731-6392**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 2 4 / 2 0 0 9**

Transaction ID: 2009M04L11ai03823

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Richard P. Urfer

Mailing Address 64 Blue Mill Road

City State Zip Code  
**Morristown NJ 07960-6714**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
B. W. Capital Markets, In-  
c.

Occupation  
Investment Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

Transaction ID: 2009M04L11ai03824

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**310.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1282 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Glen Urquhart

Mailing Address 4 East Lake Drive

City

Rehoboth Beach

State

DE

Zip Code

19971-2927

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Urquhart & Co

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03825

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Glen Urquhart

Mailing Address 4 East Lake Drive

City

Rehoboth Beach

State

DE

Zip Code

19971-2927

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Urquhart & Co

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03826

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Uttech

Mailing Address P.O. Box 496

City

Watertown

State

WI

Zip Code

53094-0496

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wisconsin Pak, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai03827

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1283 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William J. Utterback

Mailing Address 1700 E. 20Th Avenue

City

Winfield

State

KS

Zip Code

67156-1605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03828

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William J. Utterback

Mailing Address 1700 E. 20Th Avenue

City

Winfield

State

KS

Zip Code

67156-1605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03829

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Francis P. Valenti, Jr.

Mailing Address 2501 Commerce Drive

City

Libertyville

State

IL

Zip Code

60048-2495

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Chicago Tag & Label, Inc.

Occupation  
Manufacturer Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03830

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1135.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1284 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John A. Valentino

Mailing Address 4044 Costa Mesa Lane

City

Rockledge

State

FL

Zip Code

32955-5382

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai03831

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jay P. Valentyn

Mailing Address 430 Western Avenue Sw

City

Faribault

State

MN

Zip Code

55021-5645

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 9

Transaction ID: 2009M04L11ai03832

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert R. Vallee

Mailing Address 623 Stolp Avenue

City

Syracuse

State

NY

Zip Code

13207-1227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 9

Transaction ID: 2009M04L11ai03833

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1285 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert R. Vallee

Mailing Address 623 Stolp Avenue

City

Syracuse

State

NY

Zip Code

13207-1227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03834

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. John J. Valloric

Mailing Address 2010 N. Brandywine Street

City

Arlington

State

VA

Zip Code

22207-2213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03835

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. John J. Valloric

Mailing Address 2010 N. Brandywine Street

City

Arlington

State

VA

Zip Code

22207-2213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03836

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1286 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Joan T. Valts

Mailing Address 961 E. Tennis Avenue

City

**Ambler**

State

**PA**

Zip Code

**19002-2312**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Valts Roofing, Inc.

Occupation

**Bookkeeper**

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 23 / 2009**

**Transaction ID: 2009M04L11ai03837**

Amount of Each Receipt this Period

**250.00**

**B.**

Full Name (Last, First, Middle Initial)

Ms. Helen R. Van Buren

Mailing Address 2929 Buffalo Speedway  
Unit 912

City

**Houston**

State

**TX**

Zip Code

**77098-1708**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Houston Independent School  
District

Occupation

**School Administrator**

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**750.00**

Date of Receipt

**03 / 31 / 2009**

**Transaction ID: 2009M04L11ai03838**

Amount of Each Receipt this Period

**750.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. John R. Van Cora

Mailing Address 134 Barbados Drive

City

**Jupiter**

State

**FL**

Zip Code

**33458-2913**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Weston Portfolio Group,  
L.L.C.

Occupation

**Consultant**

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**03 / 10 / 2009**

**Transaction ID: 2009M04L11ai03839**

Amount of Each Receipt this Period

**300.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1300.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1287 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Carl Van Demark

Mailing Address 189 Valley Road

City

Katonah

State

NY

Zip Code

10536-1712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Gloenbock Eiseman

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03840

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Carl Van Demark

Mailing Address 189 Valley Road

City

Katonah

State

NY

Zip Code

10536-1712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Gloenbock Eiseman

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03841

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Henry Van Klaveren

Mailing Address 5900 Woodland Avenue

City

Modesto

State

CA

Zip Code

95358-9523

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03842

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1288 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Col. Richard E. Van Ness

Mailing Address 1 Keahole Place  
 Apartment 1618

City State Zip Code  
 Honolulu HI 96825-3422

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03843

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
 Col. Richard E. Van Ness

Mailing Address 1 Keahole Place  
 Apartment 1618

City State Zip Code  
 Honolulu HI 96825-3422

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03844

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
 Gerrit Van Ommering

Mailing Address 11545 Newmont Court

City State Zip Code  
 Gold River CA 95670-7716

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Spece Systems Loral

Occupation  
 Director, R&D

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03845

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1289 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Tim L. Van Solkema

Mailing Address 2645 Blackhawk Road

City

Wilmette

State

IL

Zip Code

60091-1257

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Morgan Keegan

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03846

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kendrick VanPelt

Mailing Address 315 Great Smokey Mountain Drive

City

Mebane

State

NC

Zip Code

27302-7143

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai03847

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Vanas

Mailing Address 918 Four Seasons Drive

City

Wayne

State

NJ

Zip Code

07470-1949

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03848

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1290 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stuart P. Vance

Mailing Address P.O. Box 733

City

Starkville

State

MS

Zip Code

39760-0733

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03849

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Ronald Vandenberghe

Mailing Address P.O. Box 490

City

Danville

State

CA

Zip Code

94526-3229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03850

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald A. Vander Noot

Mailing Address 3950 Scenic Ridge  
Apartment 230

City

Traverse City

State

MI

Zip Code

49684-3907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03851

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1291 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Donald A. Vander Noot

Mailing Address 3950 Scenic Ridge  
 Apartment 230

City State Zip Code  
 Traverse City MI 49684-3907

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03852

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald A. Vander Noot

Mailing Address 3950 Scenic Ridge  
 Apartment 230

City State Zip Code  
 Traverse City MI 49684-3907

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03853

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Harry P. Vanderborgh

Mailing Address 90 Division Avenue

City State Zip Code  
 West Sayville NY 11796-1302

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Sayville Ferry Service

Occupation  
 Mechanic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03854

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1292 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Harry P. Vanderborgh

Mailing Address 90 Division Avenue

City

West Sayville

State

NY

Zip Code

11796-1302

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sayville Ferry Service

Occupation  
Mechanic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03855

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Gertrude K. Vandermark

Mailing Address 431 E. State Road

City

Seneca

State

PA

Zip Code

16346-3223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03856

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Gertrude K. Vandermark

Mailing Address 431 E. State Road

City

Seneca

State

PA

Zip Code

16346-3223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03857

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1293 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Henry & Anna Vanderpol

Mailing Address 1402 Auburb Way N.  
P.M.B. 435

City State Zip Code  
Auburn WA 98002-3384

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03858

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Tom Vandervort

Mailing Address 212 Powder House Blvd # 1

City State Zip Code  
Somerville MA 02144-1531

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Deltak, Inc

Occupation  
Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03859

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Lodewyk H. Vanmierop

Mailing Address 2130 S.W. 43Rd Place

City State Zip Code  
Gainesville FL 32608-4082

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03860

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1294 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Lodewyk H. Vanmierop

Mailing Address 2130 S.W. 43Rd Place

City

Gainesville

State

FL

Zip Code

32608-4082

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03861

Amount of Each Receipt this Period

165.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Wilson & Gigi Varghese

Mailing Address 919 Canberra Road

City

Lafayette

State

LA

Zip Code

70503-5957

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alpha Automobile Sales,  
L. L. C.

Occupation  
Business Car Dealership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03862

Amount of Each Receipt this Period

105.00

**C.**

Full Name (Last, First, Middle Initial)

Joe Barb Vasquez

Mailing Address 121 Leather Leaf Lane

City

Lebanon

State

OH

Zip Code

45036-7711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03863

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1295 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joe Vaughan

Mailing Address 12221 Merit Drive  
Suite 1200

City State Zip Code  
Dallas TX 75251-3129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
E. P. C. O.

Occupation  
Oil & Gas

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai03864

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Col. Nicolas Vay

Mailing Address 77 E. Missouri Avenue  
Unit 20

City State Zip Code  
Phoenix AZ 85012-1380

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai03865

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen G. Veale

Mailing Address 712 Meadow Field Court

City State Zip Code  
Mount Airy MD 21771-5666

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bechtel Power Corp.

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai03866

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1296 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Tinkham Veale

Mailing Address P.O. Box 39

City

Gates Mills

State

OH

Zip Code

44040-0039

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03867

Amount of Each Receipt this Period

305.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Graciela Vela-Cuellar

Mailing Address 5110 San Felipe Street  
Unit 263W

City

Houston

State

TX

Zip Code

77056-3666

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03868

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Graciela Vela-Cuellar

Mailing Address 5110 San Felipe Street  
Unit 263W

City

Houston

State

TX

Zip Code

77056-3666

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03869

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

430.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1297 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Graciela Vela-Cuellar

Mailing Address 5110 San Felipe Street  
Unit 263W

City State Zip Code  
Houston TX 77056-3666

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03870

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey & Janelle Verhey

Mailing Address 933 13Th Avenue S.E.

City State Zip Code  
Minot ND 58701-2708

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Trinity Health

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03871

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John A. Verhoff

Mailing Address 145 E. Hartsdale Avenue  
Apartment 2A

City State Zip Code  
Hartsdale NY 10530-3306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03872

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional) .....

1090.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1298 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. George C. Vernet

Mailing Address 89 Parsonage Lane

City

**Topsfield**

State

**MA**

Zip Code

**01983-1321**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

**Real Estate**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 27 / 2009**

**Transaction ID: 2009M04L11ai03873**

Amount of Each Receipt this Period

**250.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Florentino Versoza

Mailing Address 2215 Tannler Drive

City

**West Linn**

State

**OR**

Zip Code

**97068-4102**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Heffernan Insurance Broke-  
rs

Occupation

**Vice President**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 09 / 2009**

**Transaction ID: 2009M04L11ai03874**

Amount of Each Receipt this Period

**250.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Phillip Vetter

Mailing Address 8404 N. 75Th Street

City

**Scottsdale**

State

**AZ**

Zip Code

**85258-2779**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

**Self-Employed**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03 / 20 / 2009**

**Transaction ID: 2009M04L11ai03875**

Amount of Each Receipt this Period

**250.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**750.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1299 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jack T. Viele

Mailing Address 4900 Telegraph Road #127

City

Ventura

State

CA

Zip Code

93003-4131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03876

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jack T. Viele

Mailing Address 4900 Telegraph Road #127

City

Ventura

State

CA

Zip Code

93003-4131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03877

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Francis T. Vincent, Jr.

Mailing Address 145 Sago Palm Road

City

Vero Beach

State

FL

Zip Code

32963-3702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03878

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1300 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

John C. & Cheryl Vincent

Mailing Address 1604 Hollow Way Lane

City

Quinlan

State

TX

Zip Code

75474-2834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
L3 Communications

Occupation

Senior Quality Control Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03879

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

John C. & Cheryl Vincent

Mailing Address 1604 Hollow Way Lane

City

Quinlan

State

TX

Zip Code

75474-2834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
L3 Communications

Occupation

Senior Quality Control Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03880

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Lucille Vincent

Mailing Address 536 Forest Lawn Road

City

Webster

State

NY

Zip Code

14580-1064

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03881

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1301 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert C. Vincent

Mailing Address P.O. Box 7340

City

Amarillo

State

TX

Zip Code

79114-7340

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03882

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Charles E. Virgin

Mailing Address 2700 S.W. 3rd Avenue  
Suite 1B

City

Miami

State

FL

Zip Code

33129-2430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03883

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Miriam Virgin

Mailing Address 260 Hemlock Street

City

Broomfield

State

CO

Zip Code

80020-2209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03884

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1302 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael Viva Las Vegas

Mailing Address 29 Ridgewood Drive

City

San Rafael

State

CA

Zip Code

94901-1153

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United Markets

Occupation

Checker At Grocery Store

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03885

Amount of Each Receipt this Period

240.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael Viva Las Vegas

Mailing Address 29 Ridgewood Drive

City

San Rafael

State

CA

Zip Code

94901-1153

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United Markets

Occupation

Checker At Grocery Store

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03886

Amount of Each Receipt this Period

160.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael Viva Las Vegas

Mailing Address 29 Ridgewood Drive

City

San Rafael

State

CA

Zip Code

94901-1153

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United Markets

Occupation

Checker At Grocery Store

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03887

Amount of Each Receipt this Period

160.00

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1303 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Ms. Elizabeth Vizzone

Mailing Address 159 Gates Avenue

City State Zip Code  
 Montclair NJ 07042-2006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Cool Cheeks Inc.

Occupation  
 Billing Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03888

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Eric M. Vogel

Mailing Address 42 Blueberry Lane

City State Zip Code  
 Shelton CT 06484-3750

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Southwest Airlines

Occupation  
 Pilot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03889

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
 Kenneth & Joan E. Voges

Mailing Address 11118 Ost Road

City State Zip Code  
 Red Bud IL 62278-4224

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03890

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1304 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. Olaf T. Von Ramm

Mailing Address 4718 Harmony Church Road

City

Efland

State

NC

Zip Code

27243-9383

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Duke UniversityOccupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	9	

Transaction ID: 2009M04L11ai03891

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Barnabas F. Vorreiter

Mailing Address 3605 W. Hidden Lane  
Unit 304

City

Rolling Hills Esta

State

CA

Zip Code

90274-4190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CaltransOccupation  
Civil Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	9	

Transaction ID: 2009M04L11ai03892

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr. Alfred F. Wade

Mailing Address 2970 Mendon Road  
Apartment 170

City

Cumberland

State

RI

Zip Code

02864-8503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	9	

Transaction ID: 2009M04L11ai03893

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

320.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1305 / 1940  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Alfred F. Wade

Mailing Address 2970 Mendon Road  
Apartment 170City State Zip Code  
Cumberland RI 02864-8503FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	9	

Transaction ID: 2009M04L11ai03894

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mr. Alfred F. Wade

Mailing Address 2970 Mendon Road  
Apartment 170City State Zip Code  
Cumberland RI 02864-8503FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	9	

Transaction ID: 2009M04L11ai03895

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Nicole Wade

Mailing Address 123 Peachtree Circle NE

City State Zip Code  
Atlanta GA 30309-3204FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Power Goldstein L.L.P.Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	9	

Transaction ID: 2009M04L11ai03896

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

295.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1306 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Penelope Wadkins

Mailing Address 6002 Kettering Court

City

Dallas

State

TX

Zip Code

75248-2137

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03897

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul M. Waggoner

Mailing Address 600 E. 73Rd Avenue

City

Hutchinson

State

KS

Zip Code

67502-9753

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Waggoners Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03898

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James A. Wagner

Mailing Address 4372 42Nd Street S.W.

City

Grandville

State

MI

Zip Code

49418-2311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03899

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

540.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1307 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael W. Wagner

Mailing Address 1824 W. Blue Ridge Way

City

Chandler

State

AZ

Zip Code

85248-5413

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
R.A.P.I., Ltd.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03900

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Carole Wakeman

Mailing Address 611 W. Hermosa Drive

City

Fullerton

State

CA

Zip Code

92835-1405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03901

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth C. Waldo, Jr.

Mailing Address 1000 Deerfield Road

City

Raleigh

State

NC

Zip Code

27609-5429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03902

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1308 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth C. Waldo, Jr.

Mailing Address 1000 Deerfield Road

City

Raleigh

State

NC

Zip Code

27609-5429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 9

Transaction ID: 2009M04L11ai03903

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Allan Walker

Mailing Address 2436 21st St.

City

Great Bend

State

KS

Zip Code

67530-2433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 9

Transaction ID: 2009M04L11ai03904

Amount of Each Receipt this Period

180.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth O. Walker

Mailing Address 7975 Spiritwood Court

City

Cincinnati

State

OH

Zip Code

45243-1332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 9

Transaction ID: 2009M04L11ai03905

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

680.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1309 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert M. Walker

Mailing Address 56 Sutherland Drive

City

Atherton

State

CA

Zip Code

94027-6430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03906

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald Walker

Mailing Address 11 Blind Brook Lane

City

Greenwich

State

CT

Zip Code

06831-3202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03907

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ronald Walker

Mailing Address 11 Blind Brook Lane

City

Greenwich

State

CT

Zip Code

06831-3202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03908

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1310 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. S. G. Walker

Mailing Address 7300 Westland Drive

City

Knoxville

State

TN

Zip Code

37919-7439

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03909

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Sharon Walker

Mailing Address 4775 Wright Bridge Road

City

Cumming

State

GA

Zip Code

30028-7977

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Commercial Custom Concept-  
s, Inc.

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03910

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Phyllis Walker-Long

Mailing Address 77-401 Puu Wai Alii Pl.

City

Kailua-Kona

State

HI

Zip Code

96740

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03911

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1311 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James B. Wallace

Mailing Address 475 17Th Street  
Suite 1300

City State Zip Code  
Denver CO 80202-4024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03912

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Wallace

Mailing Address P.O. Box 23218

City State Zip Code  
Macon GA 31212-3218

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
J.B. Hunt Transport

Occupation  
Truck Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03913

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Wallace

Mailing Address P.O. Box 23218

City State Zip Code  
Macon GA 31212-3218

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
J.B. Hunt Transport

Occupation  
Truck Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03914

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

1040.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1312 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Wallace

Mailing Address P.O. Box 23218

City

**Macon**

State

**GA**

Zip Code

**31212-3218**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
J.B. Hunt Transport

Occupation

**Truck Driver**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**243.00**

Date of Receipt

**03 / 24 / 2009**

**Transaction ID: 2009M04L11ai03915**

Amount of Each Receipt this Period

**20.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Wallace

Mailing Address P.O. Box 23218

City

**Macon**

State

**GA**

Zip Code

**31212-3218**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
J.B. Hunt Transport

Occupation

**Truck Driver**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**243.00**

Date of Receipt

**03 / 30 / 2009**

**Transaction ID: 2009M04L11ai03916**

Amount of Each Receipt this Period

**20.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Wallace

Mailing Address 945 Melvin Road

City

**Annapolis**

State

**MD**

Zip Code

**21403-1315**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Constellation Energy

Occupation

**Energy Executive**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**15100.00**

Date of Receipt

**03 / 03 / 2009**

**Transaction ID: 2009M04L11ai03917**

Amount of Each Receipt this Period

**15000.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**15040.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1313 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Maj. Gen. Stewart Wallace

Mailing Address 60901 E Rock Ledge Loop

City

Tucson

State

AZ

Zip Code

85739-1969

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
M. P. R. I. Inc.

Occupation

Business Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03918

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard C. Walling

Mailing Address 700 Mill Creek Road

City

Gladwyne

State

PA

Zip Code

19035-1521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Express Marine, Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03919

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sallyann Walsh

Mailing Address 173 Dillon Tree Hill Ridge Road

City

Darien

State

CT

Zip Code

06820

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03920

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

2850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1314 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Hoyt D. Walter

Mailing Address 3640 Fox Run Drive

City

Allentown

State

PA

Zip Code

18103-9207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Service Electric Cablevis-  
ion

Occupation

Business Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03921

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John C. Walter

Mailing Address 9601 W. Tulip Drive

City

Columbus

State

IN

Zip Code

47201-8423

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03922

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Nunnaloy Walters

Mailing Address 4263 Ridgeway Drive

City

Duluth

State

GA

Zip Code

30097-2315

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03923

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1315 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. William B. Walters

Mailing Address 4612 Amherst Road

City

College Park

State

MD

Zip Code

20740-3624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Of Maryland

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03924

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Diane A. Wamberg

Mailing Address 7 Fox Hunt Road

City

Barrington Hills

State

IL

Zip Code

60010-9603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03925

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Major George E. Ward, Jr.

Mailing Address 4681B 4 Season Terrace #308

City

Glen Allen

State

VA

Zip Code

23060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03926

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1316 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Major George E. Ward, Jr.

Mailing Address 4681B 4 Season Terrace #308

City State Zip Code  
**Glen Allen VA 23060**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

Transaction ID: 2009M04L11ai03927

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James J. Ward

Mailing Address 11 Mendonshire Road

City State Zip Code  
**Honeoye Falls NY 14472-9719**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 6 / 2 0 0 9**

Transaction ID: 2009M04L11ai03928

Amount of Each Receipt this Period

180.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Kelly Ward

Mailing Address 1105 N. 6Th Avenue

City State Zip Code  
**Laurel MS 39440-2714**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 9 / 2 0 0 9**

Transaction ID: 2009M04L11ai03929

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

480.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1317 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Capt. Marshall D. Ward

Mailing Address 3229 28Th Street

City

San Diego

State

CA

Zip Code

92104-4504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03930

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Capt. Marshall D. Ward

Mailing Address 3229 28Th Street

City

San Diego

State

CA

Zip Code

92104-4504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03931

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James George Wardy

Mailing Address 3939 S. Peardale Drive

City

Lafayette

State

CA

Zip Code

94549-2823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Comstock Capital

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03932

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1318 / 1940  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Stephen J. Wargo

Mailing Address 1220 Upper Stump Road

City

Chalfont

State

PA

Zip Code

18914-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	9	

Transaction ID: 2009M04L11ai03933

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Janet B. Waring

Mailing Address 8737 Aintree Lane

City

Burr Ridge

State

IL

Zip Code

60527-8391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	9	

Transaction ID: 2009M04L11ai03934

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. &amp; Mrs. John H. Warner, Jr.

Mailing Address P.O. Box 2929

City

La Jolla

State

CA

Zip Code

92038-2929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	9	

Transaction ID: 2009M04L11ai03935

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1319 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Richard B. Warner

Mailing Address 3 North 618 Trotter Lane

City

**Saint Charles**

State

**IL**

Zip Code

**60175**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**03 / 05 / 2009**

**Transaction ID: 2009M04L11ai03936**

Amount of Each Receipt this Period

**200.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Warren

Mailing Address 369 Mockingbird Lane

City

**Heber Springs**

State

**AR**

Zip Code

**72543-7959**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**03 / 23 / 2009**

**Transaction ID: 2009M04L11ai03937**

Amount of Each Receipt this Period

**90.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard E. Washburn

Mailing Address 3208 Santee Drive

City

**Murrells Inlet**

State

**SC**

Zip Code

**29576-8222**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**03 / 16 / 2009**

**Transaction ID: 2009M04L11ai03938**

Amount of Each Receipt this Period

**300.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**590.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1320 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. Chris J. Washko

Mailing Address 1950 Fox Mountain Point

City

Colorado Springs

State

CO

Zip Code

80906-6909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	9	

Transaction ID: 2009M04L11ai03939

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Linda Waska

Mailing Address P.O. Box 755

City

Sapulpa

State

OK

Zip Code

74067-0755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Becco Contractors, Inc.

Occupation

Office Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	9	

Transaction ID: 2009M04L11ai03940

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Ms. Helen Waterman

Mailing Address 40 Loeffler Road  
Talcott 210

City

Bloomfield

State

CT

Zip Code

06002-2262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	9	

Transaction ID: 2009M04L11ai03941

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1321 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. John Waters

Mailing Address 49-0 Jackson Lake Road

City

Chatsworth

State

GA

Zip Code

30705-5155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Minerals and Properties, Inc.Occupation  
Minerals

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	9	

Transaction ID: 2009M04L11ai03942

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Mary Watkins

Mailing Address 1870 Bridle Ridge Trace

City

Roswell

State

GA

Zip Code

30075-2151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	9	

Transaction ID: 2009M04L11ai03943

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Barbara R. Watson

Mailing Address P.O. Box 8

City

Easley

State

SC

Zip Code

29641-0008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Artist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	9	

Transaction ID: 2009M04L11ai03944

Amount of Each Receipt this Period

230.00

SUBTOTAL of Receipts This Page (optional) .....

3230.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1322 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Bruce & Lydia Watson

Mailing Address 12228 Willingdon Road

City

Huntersville

State

NC

Zip Code

28078-5652

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03945

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George A. Watson

Mailing Address 427 Grove Road

City

Prosperity

State

PA

Zip Code

15329-2010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Micon

Occupation

Mining Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03946

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul M. Watson

Mailing Address 31656 Sea Level Drive

City

Malibu

State

CA

Zip Code

90265-2634

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03948

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1323 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. Robert C. Watson

Mailing Address 1140 5Th Avenue

City

New York

State

NY

Zip Code

10128-0806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lyster Watson & Company

Occupation

Investment Advisor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	9	

Transaction ID: 2009M04L11ai03949

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. &amp; Mrs. Robert G. Watt

Mailing Address 4170 Whitewater Creek Road N.W.

City

Atlanta

State

GA

Zip Code

30327-3945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	9	

Transaction ID: 2009M04L11ai03950

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steven R. Waymel

Mailing Address 1819 Denver West Drive #26-400

City

Golden

State

CO

Zip Code

80401-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Truckload Management Serv-  
ice

Occupation

Executive

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	9	

Transaction ID: 2009M04L11ai03951

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1324 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steven R. Waymel

Mailing Address 1819 Denver West Drive #26-400

City State Zip Code  
**Golden CO 80401-3118**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Truckload Management Serv-  
ice

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

Transaction ID: 2009M04L11ai03952

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lonnie Clark Weatherby

Mailing Address 1463 Springleaf Circle S.E.

City State Zip Code  
**Smyrna GA 30080-2403**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Disabled

Occupation  
Disabled

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 6 / 2 0 0 9**

Transaction ID: 2009M04L11ai03953

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lonnie Clark Weatherby

Mailing Address 1463 Springleaf Circle S.E.

City State Zip Code  
**Smyrna GA 30080-2403**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Disabled

Occupation  
Disabled

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

Transaction ID: 2009M04L11ai03954

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional) .....

**295.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1325 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Malcolm H. Weathers, III

Mailing Address 2420 Surrey Lane S. E.

City

Decatur

State

AL

Zip Code

35601-6902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Group P. A.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03955

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lynn A. Weaver

Mailing Address 338 E. Meadow Drive

City

Mechanicsburg

State

PA

Zip Code

17055-5187

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03956

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Lyndis Webb

Mailing Address 2300 West Chico Lane

City

Yuma

State

AZ

Zip Code

85365-3804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03957

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1326 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. Robert I. Webb

Mailing Address 2630 Anthony Court

City

Easton

State

PA

Zip Code

18045-5287

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Ret.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1515.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	9	

Transaction ID: 2009M04L11ai03958

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Roy Webb

Mailing Address 327 Whispering Hills

City

Hot Springs

State

AR

Zip Code

71901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis Cancer CenterOccupation  
Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	9	

Transaction ID: 2009M04L11ai03959

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. &amp; Mrs. Thomas L. Webb

Mailing Address 9030 W. Sahara Avenue

City

Las Vegas

State

NV

Zip Code

89117-1902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Webb Agency, Inc.Occupation  
Insurance Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	9	

Transaction ID: 2009M04L11ai03960

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1327 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Zane Webb

Mailing Address 5814 Republic Of Texas Blvd

City State Zip Code  
 Austin TX 78735-6317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Texas Department Of Trans-  
 portation

Occupation  
 Engineer Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03961

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
 Greg & Sherry Webster

Mailing Address 30226 E. Legends Trail Dr.

City State Zip Code  
 Spring TX 77386-3004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Faith Mfg. Inc.

Occupation  
 Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03962

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. & Mrs. William C. Webster

Mailing Address P.O. Box 526

City State Zip Code  
 Cantonment FL 32533-0526

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03963

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1328 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeff Wedge

Mailing Address 7629 River Ranch Way

City

Sacramento

State

CA

Zip Code

95831-4426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Sales Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03964

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kisa E. Weeman

Mailing Address 1500 Riffel Road

City

Wooster

State

OH

Zip Code

44691-8504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ret.

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03965

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Johnny Ray Weems

Mailing Address 141 Oak Drive

City

Muscle Shoals

State

AL

Zip Code

35661-4012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03966

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1329 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert N. Weichbrodt

Mailing Address 920-C Masters Row  
Apartment C.

City	State	Zip Code
Glen Allen	VA	23059-7431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U. S. D. A. RusOccupation  
Public Utilities Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	1	/	2	0	9	

Transaction ID: 2009M04L11ai03967

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Rachel N. Weidman

Mailing Address 949 Deforest Road

City	State	Zip Code
Coppell	TX	75019-2740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	9	

Transaction ID: 2009M04L11ai03968

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Pauline M. Weigle

Mailing Address 3200 Baker Circle  
Unit A217

City	State	Zip Code
Adamstown	MD	21710-9672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	9	

Transaction ID: 2009M04L11ai03969

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional) .....

950.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1330 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Karl M. Weiler

Mailing Address P.O. Box 234

City

Buck Hill Falls

State

PA

Zip Code

18323-0234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weller Corporation

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	9	

Transaction ID: 2009M04L11ai03970

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kurt J. Weis

Mailing Address W248N5550 Executive Drive

City

Sussex

State

WI

Zip Code

53089-4380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	9	

Transaction ID: 2009M04L11ai03971

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Weisberger

Mailing Address 1697 Brookwood Drive

City

Akron

State

OH

Zip Code

44313-5065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	9	

Transaction ID: 2009M04L11ai03972

Amount of Each Receipt this Period

1200.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1331 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Tom Weitzenkamp

Mailing Address 116 County Road 19

City

Hooper

State

NE

Zip Code

68031-2160

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03973

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Janet D. Welch

Mailing Address 19725 Schutte Farm Raod

City

Corcoran

State

MN

Zip Code

55340

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03974

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John C. Wellemeyer

Mailing Address 89 Rosedale Road

City

Princeton

State

NJ

Zip Code

08540-6701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03975

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1332 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. Francis R. Welles

Mailing Address 106 Wee Loch Drive

City

Cary

State

NC

Zip Code

27511-3885

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	0	/	2	0	9	

Transaction ID: 2009M04L11ai03976

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Jessie K. Wells

Mailing Address 296 Canterbury Road  
Apartment D.

City

Bel Air

State

MD

Zip Code

21014-9006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HousewifeOccupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	9	

Transaction ID: 2009M04L11ai03977

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Mr. John G. Wells

Mailing Address 1769 Rosecrest Drive

City

Salt Lake City

State

UT

Zip Code

84108-2641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	9	

Transaction ID: 2009M04L11ai03978

Amount of Each Receipt this Period

270.00

SUBTOTAL of Receipts This Page (optional) .....

830.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1333 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. LaVerne Wells

Mailing Address 2012 Garst Cir.

City

Boone

State

IA

Zip Code

50036-4450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	9	

Transaction ID: 2009M04L11ai03979

Amount of Each Receipt this Period

105.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Welsh

Mailing Address 7624 Painter Avenue  
Suite 100

City

Whittier

State

CA

Zip Code

90602-2327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	9	

Transaction ID: 2009M04L11ai03980

Amount of Each Receipt this Period

205.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen T. Welton

Mailing Address 447 N. Ingram Road

City

Sikeston

State

MO

Zip Code

63801-5151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	0	/	2	0	9	

Transaction ID: 2009M04L11ai03981

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional) .....

530.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1334 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary J. Welty

Mailing Address 8126 Cross Country Dr.

City

Humble

State

TX

Zip Code

77346-6114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Open Solutions, Inc.

Occupation

Computer Programming Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03982

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Wendorf

Mailing Address 173 Albert Lane

City

Port Charlotte

State

FL

Zip Code

33954-3705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Forsberg Construction Inc.

Occupation

Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03983

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Donald L. Wenger

Mailing Address P.O. Box 183

City

Sabetha

State

KS

Zip Code

66534-0183

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03984

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1335 / 1940  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Dr. Peter Wenig

Mailing Address 3713 Nottinghill Drive

City

Joplin

State

MO

Zip Code

64804-6046

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Southwest RadiologyOccupation  
Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	9	

Transaction ID: 2009M04L11ai03985

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Amy M. Wenn

Mailing Address 512 Harrogate Road

City

Matthews

State

NC

Zip Code

28105-2640

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Carolinas Health Care Sys-  
temOccupation  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	9	

Transaction ID: 2009M04L11ai03986

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Wolfgang Wenzlawe

Mailing Address 39165 Cypress Street

City

Clinton Township

State

MI

Zip Code

48036-1819

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	9	

Transaction ID: 2009M04L11ai03987

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

650.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1336 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Wolfgang Wenzlawe

Mailing Address 39165 Cypress Street

City

Clinton Township

State

MI

Zip Code

48036-1819

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03988

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Wolfgang Wenzlawe

Mailing Address 39165 Cypress Street

City

Clinton Township

State

MI

Zip Code

48036-1819

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03989

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jacques Alan Wertheimier

Mailing Address 10101 Angelo View Drive

City

Beverly Hills

State

CA

Zip Code

90210-2038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03990

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1337 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stephen E. Wesley

Mailing Address 19019 West Piney Point Avenue

City

Baton Rouge

State

LA

Zip Code

70817-2736

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03991

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Lea West

Mailing Address 23403 Holly Hollow

City

Tomball

State

TX

Zip Code

77377-3686

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03992

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Milton West

Mailing Address 8800 Woodway Drive  
Apartment 14

City

Houston

State

TX

Zip Code

77063-2300

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03993

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1338 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Ray West

Mailing Address 3107 Metz Drive

City

Midland

State

TX

Zip Code

79705-4825

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03994

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Barbara R. Westbrook

Mailing Address 2991 Hardman Court N.E.

City

Atlanta

State

GA

Zip Code

30305-3424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Westbrook Interiors

Occupation  
Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03995

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Barbara R. Westbrook

Mailing Address 2991 Hardman Court N.E.

City

Atlanta

State

GA

Zip Code

30305-3424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Westbrook Interiors

Occupation  
Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03996

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1339 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. H. Martin Westfall

Mailing Address 467 Retreat Lane N.

City

Powell

State

OH

Zip Code

43065-7609

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03997

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jack Westfall

Mailing Address 21481 S. Ferguson Road

City

Beavercreek

State

OR

Zip Code

97004-7615

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03998

Amount of Each Receipt this Period

360.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Lorraine Westley

Mailing Address 8900 River Ridge Road

City

Bloomington

State

MN

Zip Code

55425-2181

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03999

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

960.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1340 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Lorraine Westley

Mailing Address 8900 River Ridge Road

City

Bloomington

State

MN

Zip Code

55425-2181

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04000

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Thomas L. Whaley

Mailing Address P.O. Box P.

City

Marshall

State

TX

Zip Code

75671-0320

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Logan & Whately

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai04001

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Thomas L. Whaley

Mailing Address P.O. Box P.

City

Marshall

State

TX

Zip Code

75671-0320

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Logan & Whately

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai04002

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1341 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ken Wheat

Mailing Address 4327 Ivy Hall Drive

City

Columbia

State

SC

Zip Code

29206-1224

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Boyd Management Inc. Partner

Occupation

Real Estate Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04003

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Diane Wheatley

Mailing Address 12088 E. Ida Circle

City

Englewood

State

CA

Zip Code

80111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai04004

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. C. R. Wheatly, Jr.

Mailing Address 719 Front Street

City

Beaufort

State

NC

Zip Code

28516-2229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai04005

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1342 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David K. Wheeler

Mailing Address P.O. Box 611

City

Cottage Grove

State

OR

Zip Code

97424-0026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai04006

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David K. Wheeler

Mailing Address P.O. Box 611

City

Cottage Grove

State

OR

Zip Code

97424-0026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai04007

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David K. Wheeler

Mailing Address P.O. Box 611

City

Cottage Grove

State

OR

Zip Code

97424-0026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai04008

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1343 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Annelle R. White

Mailing Address 5929 Saint Andrews Drive

City

Dallas

State

TX

Zip Code

75205-1727

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai04009

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Barry F. White

Mailing Address 5877 Brierfield Ave.

City

Memphis

State

TN

Zip Code

38120-2309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Farris Matthews Law Firm

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai04010

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James Lee White

Mailing Address 2576 Fallen Leaf Lane

City

Charlottesville

State

VA

Zip Code

22901-5224

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Uva

Occupation  
Associate Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai04011

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1344 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Keith White

Mailing Address 7735 Fairview Rd.

City

Houston

State

TX

Zip Code

77041-2113

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Advanced Property Services

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai04012

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Matthew White

Mailing Address 342 E. Warren Avenue

City

Longwood

State

FL

Zip Code

32750-4271

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04013

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Sandra A. White

Mailing Address 38 Eagle Creek Drive

City

Norwalk

State

OH

Zip Code

44857-8852

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai04014

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1345 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Todd A White

Mailing Address 2 Bardion Ln

City

Harrison

State

NY

Zip Code

10528-1508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04015

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mildred Whitehurst

Mailing Address 1601 43Rd Street N.  
Apartment 110

City

St. Petersburg

State

FL

Zip Code

33713-4600

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04016

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Billy Whiteside

Mailing Address 9331 Rosner Drive

City

Lenexa

State

KS

Zip Code

66219-2215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai04017

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1346 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Billy Whiteside

Mailing Address 9331 Rosner Drive

City

Lenexa

State

KS

Zip Code

66219-2215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04018

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stuart H. Whitlock

Mailing Address 101 Orange Street

City

Nantucket

State

MA

Zip Code

02554-0035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oppenheimer & Company

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai04019

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul Whitmire

Mailing Address 22405 59Th Avenue West

City

Mountlake Terrace

State

WA

Zip Code

98043-3701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Boeing Company

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai04020

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1347 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Sam E. Whittington

Mailing Address 1191 Brookfield Road

City

Memphis

State

TN

Zip Code

38119-5007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai04021

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David G. Whorton

Mailing Address 1646 Stanford Avenue

City

Menlo Park

State

CA

Zip Code

94025-5757

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tugboat

Occupation  
Entrepreneur

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai04022

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William F. Wichers

Mailing Address 4211 Deer Run

City

Casper

State

WY

Zip Code

82601-6014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04023

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1348 / 1940  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Nann Alix Wickwire Magrill

Mailing Address 1522 Deer Run Road

City

Mountain City

State

TN

Zip Code

37683-4070

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

**Transaction ID:** 2009M04L11ai04024

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Joann Wiedenhofer

Mailing Address 2633 S.W. Conch Cove Lane

City

Palm City

State

FL

Zip Code

34990-2821

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

**Transaction ID:** 2009M04L11ai04025

Amount of Each Receipt this Period

105.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Joann Wiedenhofer

Mailing Address 2633 S.W. Conch Cove Lane

City

Palm City

State

FL

Zip Code

34990-2821

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

**Transaction ID:** 2009M04L11ai04026

Amount of Each Receipt this Period

105.00

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1349 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Col. Michael H. Wieland

Mailing Address 1800 Riviera Lane

City

O'Fallon

State

IL

Zip Code

62269-6696

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	0	9

Transaction ID: 2009M04L11ai04027

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Peter Wielinga

Mailing Address 3924 Willowwood Road

City

Martinez

State

GA

Zip Code

30907-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	9

Transaction ID: 2009M04L11ai04028

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Herve N Wiener

Mailing Address 31 Glenwood Av

City

New Rochelle

State

NY

Zip Code

10801-3601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westchester County, NyOccupation  
Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: 2009M04L11ai04029

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1350 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Wiggins

Mailing Address 2305 Brwig Road

City

Spring Hope

State

NC

Zip Code

27882-9111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai04030

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Wiggins

Mailing Address 2305 Brwig Road

City

Spring Hope

State

NC

Zip Code

27882-9111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai04031

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Wiggins

Mailing Address 2305 Brwig Road

City

Spring Hope

State

NC

Zip Code

27882-9111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai04032

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1351 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Mark Wihl

Mailing Address 34669 Brichetto Court

City  
**Tracy**

State  
**CA**

Zip Code  
**95377-9357**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 / 09 / 2009**

**Transaction ID: 2009M04L11ai04033**

Amount of Each Receipt this Period

**250.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Elmer D. Wilcox

Mailing Address 919 109Th Avenue N.E.  
 Apartment 1201

City  
**Bellevue**

State  
**WA**

Zip Code  
**98004-4496**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 / 23 / 2009**

**Transaction ID: 2009M04L11ai04034**

Amount of Each Receipt this Period

**100.00**

**C.**

Full Name (Last, First, Middle Initial)

Mark Wilkes

Mailing Address 971 W Fm 303

City  
**Meadow**

State  
**TX**

Zip Code  
**79345**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self

Occupation  
 Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 / 31 / 2009**

**Transaction ID: 2009M04L11ai04035**

Amount of Each Receipt this Period

**500.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**850.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1352 / 1940

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard Wilkey

Mailing Address 5112 State Road 83

City

Hartland

State

WI

Zip Code

53029-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fisher Barton Inc.

Occupation

Manufacturing

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	0	9

Transaction ID: 2009M04L11ai04036

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Jo A Wilks

Mailing Address 2511 County Rd 169

City

Cisco

State

TX

Zip Code

76437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	0	9

Transaction ID: 2009M04L11ai04037

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. &amp; Mrs. James W. Will

Mailing Address 2707 Garfield Road

City

Tacoma

State

WA

Zip Code

98403-2919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	9

Transaction ID: 2009M04L11ai04038

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

1300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1353 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Verne M. Willaman

Mailing Address 1535 Wild Rye Way

City

Arroyo Grande

State

CA

Zip Code

93420-4935

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04039

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gene Willard

Mailing Address 30372 Blue Heron St

City

Denham Springs

State

LA

Zip Code

70726-1791

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sandpoint Leasing, Llc

Occupation  
Landman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai04040

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bennie W. Williams

Mailing Address 5068 Lerch Drive

City

Shady Side

State

MD

Zip Code

20764-9652

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai04041

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1354 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. David A. Williams

Mailing Address 690 Spring Lake Drive

City

Pearl

State

MS

Zip Code

39208-6645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Horne, L.L.P.Occupation  
C.P.A.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	0	9

Transaction ID: 2009M04L11ai04042

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Joe Williams

Mailing Address 620 N. Lamar Blvd.

City

Oxford

State

MS

Zip Code

38655-3208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	9

Transaction ID: 2009M04L11ai04043

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Forrest D. Williams

Mailing Address 4870 Mayde Court

City

Fairfax

State

VA

Zip Code

22030-6618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
S.A.I.C.Occupation  
Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	0	9

Transaction ID: 2009M04L11ai04044

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1355 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. George Williams

Mailing Address 517 Sunset Drive

City

Bay St. Louis

State

MS

Zip Code

39520-2816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Isle Of Capri Casinos, In-  
c.

Occupation

Sr. Dir Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04045

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Harold B. Williams

Mailing Address 2070 McKain Street

City

Calabasas

State

CA

Zip Code

91302-2317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai04046

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Harold B. Williams

Mailing Address 2070 McKain Street

City

Calabasas

State

CA

Zip Code

91302-2317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai04047

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1356 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Jo Williams

Mailing Address 4017 Resthaven Road

City

High Point

State

NC

Zip Code

27265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5981.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	0	9

Transaction ID: 2009M04L11ai04048

Amount of Each Receipt this Period

5981.14

B.

Full Name (Last, First, Middle Initial)

Mrs. Joan W. Williams

Mailing Address 1629 Panorama Drive

City

Birmingham

State

AL

Zip Code

35216-3703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	0	9

Transaction ID: 2009M04L11ai04049

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Ms. Judy Williams

Mailing Address P.O. Box 1286

City

Odessa

State

TX

Zip Code

79760-1286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	0	/	2	0	0	9

Transaction ID: 2009M04L11ai04050

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

6481.14

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1357 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert P. Williams

Mailing Address 369 Jackson Hill Rd.

City

Middlefield

State

CT

Zip Code

06455-1290

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai04051

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ted Williamson, Jr.

Mailing Address P.O. Box 178  
New Mexico 262

City

Milnesand

State

NM

Zip Code

88125

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04052

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David Willis

Mailing Address 2301 Lucretia Ct.

City

Sanford

State

FL

Zip Code

32771-4603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ccmc Inc.

Occupation

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04053

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1358 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David Willis

Mailing Address 2301 Lucretia Ct.

City

Sanford

State

FL

Zip Code

32771-4603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ccmc Inc.

Occupation

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai04054

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gar C. Willis

Mailing Address 134 Phanturn Lane

City

Bellaire

State

TX

Zip Code

77401-2607

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Geologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai04055

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. K. Dean Willis

Mailing Address 2504 Cranfield Road S.E.

City

Owens Cross Roads

State

AL

Zip Code

35763-9396

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alabama Pain Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai04056

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1359 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Barbara H. Wilson

Mailing Address 2540 Green Street

City

San Francisco

State

CA

Zip Code

94123-4629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04057

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Barbara H. Wilson

Mailing Address 2540 Green Street

City

San Francisco

State

CA

Zip Code

94123-4629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04058

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John H. Wilson

Mailing Address 5801 Sun Lakes Blvd.  
Apartment 119

City

Banning

State

CA

Zip Code

92220-6507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai04059

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

3700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1360 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John H. Wilson

Mailing Address 5801 Sun Lakes Blvd.  
 Apartment 119

City State Zip Code  
**Banning CA 92220-6507**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 30 2009**

**Transaction ID: 2009M04L11ai04060**

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Rosalie Wilson

Mailing Address 158B Wilson Lane

City State Zip Code  
**Mulberry TN 37359**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 06 2009**

**Transaction ID: 2009M04L11ai04061**

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Rosalie Wilson

Mailing Address 158B Wilson Lane

City State Zip Code  
**Mulberry TN 37359**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
**03 20 2009**

**Transaction ID: 2009M04L11ai04062**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

**400.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1361 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Ms. Sarah B. Wilson

Mailing Address 715 Renaissance Drive  
 Apartment 205

City State Zip Code  
 Williamsville NY 14221-8034

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 3 / 2 0 9

Transaction ID: 2009M04L11ai04063

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Douglas L Windover

Mailing Address 1 Sage Estate

City State Zip Code  
 Albany NY 12204-2238

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 0 / 2 0 9

Transaction ID: 2009M04L11ai04064

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Robert C. Wing

Mailing Address 6990 Gleneagle Drive

City State Zip Code  
 Hialeah FL 33014-6508

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 6 / 2 0 9

Transaction ID: 2009M04L11ai04065

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1362 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Barry Wingard

Mailing Address 3603 Golfview Drive

City

Mechanicsburg

State

PA

Zip Code

17050-2242

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04066

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Ralph & Cheryl Winkler

Mailing Address 5355 Boomer Road

City

Cincinnati

State

OH

Zip Code

45247-7926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai04067

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Donald Winn

Mailing Address P.O. Box 1584

City

Rancho Santa Fe

State

CA

Zip Code

92067-1584

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai04068

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1363 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. & Mrs. Donald Winn

Mailing Address P.O. Box 1584

City State Zip Code  
**Rancho Santa Fe CA 92067-1584**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**03 / 23 / 2009**

**Transaction ID: 2009M04L11ai04069**

Amount of Each Receipt this Period

**100.00**

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. & Mrs. Donald Winn

Mailing Address P.O. Box 1584

City State Zip Code  
**Rancho Santa Fe CA 92067-1584**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**03 / 23 / 2009**

**Transaction ID: 2009M04L11ai04070**

Amount of Each Receipt this Period

**50.00**

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. R. M. Winn, Jr.

Mailing Address 196 Roquemore Road

City State Zip Code  
**Clemmons NC 27012-8537**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**03 / 05 / 2009**

**Transaction ID: 2009M04L11ai04071**

Amount of Each Receipt this Period

**50.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**200.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1364 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Pete Winstead

Mailing Address 79 Pascal Lane

City

Austin

State

TX

Zip Code

78746-2552

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Winstead Sechrest & Minick  
P.C.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai04072

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Clifford & Joan Winters, Jr.

Mailing Address 3006 Mc Neil  
Apartment 415

City

Wichita Falls

State

TX

Zip Code

76309-1201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai04073

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gay Winters

Mailing Address 7930 Oakbrook Drive

City

Baton Rouge

State

LA

Zip Code

70810-1808

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai04074

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1365 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Beth Wintersteen

Mailing Address 27 Myrtle Avenue

City

Mill Valley

State

CA

Zip Code

94941

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai04075

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Wintersteen

Mailing Address 27 Myrtle Avenue

City

Mill Valley

State

CA

Zip Code

94941-1023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai04076

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence A. Wise

Mailing Address 21070 Canyon Oak Way

City

Cupertino

State

CA

Zip Code

95014-6570

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
K.L.A-Tencor Corporation

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai04077

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1366 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. Noel W. Witcher

Mailing Address 1912 Speith Rd

City

Henryville

State

IN

Zip Code

47126-8595

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	0	9

Transaction ID: 2009M04L11ai04078

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ralph Witham

Mailing Address 166 Avenida Majorca  
Unit Q.

City

Laguna Woods

State

CA

Zip Code

92637-4122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	0	9

Transaction ID: 2009M04L11ai04079

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ralph Witt

Mailing Address 267 Mill Street

City

Wedowee

State

AL

Zip Code

36278-5117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	0	9

Transaction ID: 2009M04L11ai04080

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional) .....

545.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1367 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jon G Wittrock

Mailing Address 710 S 14th St

City

Sheboygan

State

WI

Zip Code

53081-4333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai04081

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Roman Wolchuk

Mailing Address 921 Bergen Avenue  
Suite 637

City

Jersey City

State

NJ

Zip Code

07306-4203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roman Wolchuk Consulting

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai04082

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Myrna A. Wolf

Mailing Address 33631 County Road L.

City

Mukwonago

State

WI

Zip Code

53149-8900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04083

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1368 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Myrna A. Wolf

Mailing Address 33631 County Road L.

City

Mukwonago

State

WI

Zip Code

53149-8900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai04084

Amount of Each Receipt this Period

65.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jody Wolfe

Mailing Address 5255 North Kendall Drive

City

Miami

State

FL

Zip Code

33156-2123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Law Enforcement

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai04085

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Kenneth Wolfe

Mailing Address 8627 Augusta Lane

City

Holland

State

OH

Zip Code

43528-9244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04086

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1315.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1369 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert W. Wolfe

Mailing Address 3909 Blackburn Lane  
Apartment 43

City State Zip Code  
Burtonsville MD 20866-1238

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Us Govt Civilian

Occupation  
Chief Of Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai04087

Amount of Each Receipt this Period

170.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Holly A. Wolfert

Mailing Address 1491 Jacksons Ridge Road

City State Zip Code  
Greensboro GA 30642-5279

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai04088

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Hannelore Wolff

Mailing Address 730 28th Avenue

City State Zip Code  
San Mateo CA 94403-2608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai04089

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

1225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1370 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Glen Womack

Mailing Address P.O. Box 653

City

Harrisonburg

State

LA

Zip Code

71340-0653

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai04090

Amount of Each Receipt this Period

270.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Betty Wong

Mailing Address 849 Featherwood Drive

City

Diamond Bar

State

CA

Zip Code

91765-4514

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai04091

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Betty J. Wood

Mailing Address 20 County Road 322

City

Corinth

State

MS

Zip Code

38834-9047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai04092

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

470.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1371 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Betty J. Wood

Mailing Address 20 County Road 322

City

Corinth

State

MS

Zip Code

38834-9047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04093

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Catherine D. Wood

Mailing Address 104 Olmstead Hill Road

City

Wilton

State

CT

Zip Code

06897-1730

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alliance Capital Manageme-  
nt

Occupation  
Portfolio Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai04094

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dexter Wood

Mailing Address 1670 Beulah Road

City

Vienna

State

VA

Zip Code

22182-1990

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Host Marriott Corp

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai04095

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1372 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. James R. Wood

Mailing Address 209 Heritage Pointe

City

Williamsburg

State

VA

Zip Code

23188-8006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai04096

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey R. Wood

Mailing Address 5729 Shady River

City

Houston

State

TX

Zip Code

77057-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai04097

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Jacqueline Wood- Morgan

Mailing Address 137 Spring Valley Rd

City

Nashville

State

TN

Zip Code

37214-2833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04098

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1373 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ronald G. Woodall

Mailing Address 5230 Braesvalley Drive

City

Houston

State

TX

Zip Code

77096-2545

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai04099

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth B. Woodrow

Mailing Address 270 Bushaway Road

City

Wayzata

State

MN

Zip Code

55391-1907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai04100

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Woodrow Woods

Mailing Address 3640 Fiscal Ct Ste D.

City

West Palm Beach

State

FL

Zip Code

33404-1781

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Marine Exhaust Systems

Occupation

C.O.B.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai04101

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1374 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Woodson Woods

Mailing Address P.O. Box 7049

City

Kamuela

State

HI

Zip Code

96743-7049

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04102

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Charles & Mitsuyo Woodward

Mailing Address 13724 Paradise Villas Grove

City

Colorado Springs

State

CO

Zip Code

80921-3295

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai04103

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Timothy D. Word

Mailing Address 401 Torcido Drive

City

San Antonio

State

TX

Zip Code

78209-5647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dean Word Company

Occupation  
Self Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai04104

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1375 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. &amp; Mrs. Timothy D. Word

Mailing Address 401 Torcido Drive

City

San Antonio

State

TX

Zip Code

78209-5647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dean Word Company

Occupation

Self Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	0	9

Transaction ID: 2009M04L11ai04105

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Donald B. Worden

Mailing Address 612 W. Sunset Drive

City

Burbank

State

WA

Zip Code

99323-9686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	9

Transaction ID: 2009M04L11ai04106

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Benjamin C. Wouters

Mailing Address 316 High Pointe Ridge

City

Prattville

State

AL

Zip Code

36066-3662

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	9

Transaction ID: 2009M04L11ai04107

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1376 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Carl B. Wright

Mailing Address 5026 Kames Square

City

Louisville

State

KY

Zip Code

40241-5207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Humana, Inc.

Occupation  
Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai04108

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Donald & Gayle Wright

Mailing Address P.O. Box 12169

City

Jackson

State

WY

Zip Code

83002-2169

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04109

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James C. Wright

Mailing Address 7177 Gaston Avenue  
#2102

City

Dallas

State

TX

Zip Code

75214-6127

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
K.B.R.

Occupation  
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai04110

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

860.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1377 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. James H. Wright

Mailing Address 1628 Hidden Creek Lane

City

Belvidere

State

IL

Zip Code

61008-7910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai04111

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence T. Wright

Mailing Address P. O. Box 1258

City

Great Falls

State

VA

Zip Code

22066-8258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Booz Allen & Hamilton

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai04112

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael Wright

Mailing Address 7156 Stanhope Lane

City

Riverside

State

CA

Zip Code

92506-6164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Community College

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai04113

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1378 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard Wright

Mailing Address P.O. Box 512

City

Barberton

State

OH

Zip Code

44203-0512

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai04114

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald Wright

Mailing Address 3913 Dove Creek Lane

City

Plano

State

TX

Zip Code

75093-7542

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai04115

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Shirley Wright

Mailing Address 408 Brookwood Lane

City

White Oak

State

TX

Zip Code

75693-2510

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Trendsetter Construction,  
Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04116

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1379 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas W. Wright

Mailing Address 7805 E. Hawthorne Street

City

Tucson

State

AZ

Zip Code

85710-1602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai04117

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas W. Wright

Mailing Address 7805 E. Hawthorne Street

City

Tucson

State

AZ

Zip Code

85710-1602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai04118

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas W. Wright

Mailing Address 7805 E. Hawthorne Street

City

Tucson

State

AZ

Zip Code

85710-1602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai04119

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1380 / 1940  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Victoria Wright

Mailing Address 24894 Castleton Drive

City

Chantilly

State

VA

Zip Code

20152-4388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	1	/	2	0	0	9

Transaction ID: 2009M04L11ai04120

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Warren &amp; Lori Wubker

Mailing Address 6625 Crenshaw Drive

City

Orlando

State

FL

Zip Code

32835-5749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	1	/	2	0	0	9

Transaction ID: 2009M04L11ai04121

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Clifford L. Wurster

Mailing Address 198 Honors Lane

City

State College

State

PA

Zip Code

16803-1838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	0	9

Transaction ID: 2009M04L11ai04122

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1381 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. & Mrs. William E. Wyatt, Sr.

Mailing Address P.O. Box 100

City

Grapevine

State

TX

Zip Code

76099-0100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai04123

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Peter B. Wyckoff

Mailing Address 1183 County Road 2023

City

Glen Rose

State

TX

Zip Code

76043-5985

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai04124

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth Wyckoff

Mailing Address P.O. Box 658

City

Old Lyme

State

CT

Zip Code

06371-0658

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai04125

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1382 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. Ranald Wyder

Mailing Address P.O. Box 13056

City

Oakland

State

CA

Zip Code

94661-0056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	0	9

Transaction ID: 2009M04L11ai04126

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. C. Peter Wyllie

Mailing Address 1320 Honeysuckle Drive

City

Watkinsville

State

GA

Zip Code

30677-6609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	0	9

Transaction ID: 2009M04L11ai04127

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Rob WynaIda

Mailing Address 420 9 Mile Rd NE

City

Comstock Park

State

MI

Zip Code

49321-9683

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	9

Transaction ID: 2009M04L11ai04128

Amount of Each Receipt this Period

1875.00

SUBTOTAL of Receipts This Page (optional) .....

2675.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1383 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Truman E. Yancey

Mailing Address 1923 E. Joyce Blvd.  
 #230

City State Zip Code  
**Fayetteville AR 72703-5171**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 4 / 2 0 0 9**

Transaction ID: 2009M04L11ai04129

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Yarwood

Mailing Address 2651 E. Quite Circle  
 Apartment C5

City State Zip Code  
**Wasilla AK 99654-7395**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 1 2 / 2 0 0 9**

Transaction ID: 2009M04L11ai04130

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William Yarwood

Mailing Address 2651 E. Quite Circle  
 Apartment C5

City State Zip Code  
**Wasilla AK 99654-7395**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 1 6 / 2 0 0 9**

Transaction ID: 2009M04L11ai04131

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

295.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1384 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Yarwood

Mailing Address 2651 E. Quite Circle  
 Apartment C5

City State Zip Code  
**Wasilla AK 99654-7395**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 20 2009**

Transaction ID: 2009M04L11ai04132

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Yates

Mailing Address 128 Via Havre

City State Zip Code  
**Newport Beach CA 92663-4905**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 12 2009**

Transaction ID: 2009M04L11ai04133

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Tom Yates

Mailing Address 9316 Terrace View Court

City State Zip Code  
**Jerome MI 49249-9783**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 20 2009**

Transaction ID: 2009M04L11ai04134

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

**470.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1385 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William F. Yeoman

Mailing Address 3030 Country Club Blvd.

City

Sugar Land

State

TX

Zip Code

77478-3630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University Of Houston

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai04135

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William F. Yeoman

Mailing Address 3030 Country Club Blvd.

City

Sugar Land

State

TX

Zip Code

77478-3630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University Of Houston

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04136

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark Yingling

Mailing Address 833 Aspen Peak Loop Unit 1323

City

Henderson

State

NV

Zip Code

89011-4984

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ernst & Young, Llp

Occupation  
Auditor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai04137

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1386 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

Mr. Douglas W. York

Mailing Address 3441 E. Harbour Drive

City

Phoenix

State

AZ

Zip Code

85034-7229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	9	

Transaction ID: 2009M04L11ai04138

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Greg York

Mailing Address 6105 Homestead Blvd.

City

Midland

State

TX

Zip Code

79707-5058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Conocophillips

Occupation

Drilling Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	9	

Transaction ID: 2009M04L11ai04139

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Ms. Katherine Youell

Mailing Address 3910 Baldwin Road

City

Chester

State

VA

Zip Code

23831-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	9	

Transaction ID: 2009M04L11ai04140

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional) .....

775.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1387 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Julian R. Youmans

Mailing Address 44124 Greenview Drive

City

El Macero

State

CA

Zip Code

95618-1077

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai04141

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Cheryl Young

Mailing Address 512 East June Street

City

Alpine

State

TX

Zip Code

79830-4223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 18 / 2009

Transaction ID: 2009M04L11ai04142

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Cheryl Young

Mailing Address 512 East June Street

City

Alpine

State

TX

Zip Code

79830-4223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai04143

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

635.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1388 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. George Young

Mailing Address 235 Walker Street  
 Apartment 252

City State Zip Code  
 Lenox MA 01240-2749

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai04144

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Young

Mailing Address 3966 Lakeside Drive

City State Zip Code  
 Odessa TX 79762-7202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ref-Chem Llc

Occupation  
Project Superintendent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai04145

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Karen Young

Mailing Address 4300 N Ohio

City State Zip Code  
 Salina KS 67401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Town and Country Animal  
Hospit

Occupation  
Veterinarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai04146

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1389 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Ruth Young

Mailing Address 290 Paul Copas Road

City

Winchester

State

OH

Zip Code

45697-9441

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai04147

Amount of Each Receipt this Period

101.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Duane Young

Mailing Address 4600 N. Sunset Hills Lane

City

Tucson

State

AZ

Zip Code

85745-9436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai04148

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William F. Young

Mailing Address 833 Kalli Creek Lane

City

Saint Augustine

State

FL

Zip Code

32080-5816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai04149

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

701.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1390 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William F. Young

Mailing Address 833 Kalli Creek Lane

City

Saint Augustine

State

FL

Zip Code

32080-5816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai04150

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Wasil R. Yurchak

Mailing Address 2711 Bridle Path Pl.

City

Bethlehem

State

PA

Zip Code

18017-3803

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.B.S. Financial Services,  
Inc.

Occupation  
Investment Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai04151

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Christopher P. Zachary

Mailing Address 1915 N. Damen Avenue  
Unit F.

City

Chicago

State

IL

Zip Code

60647-6562

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
O.S.I. Pharmaceutical

Occupation  
Director/Bio Tech Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai04152

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1391 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Joan Zachropoulos

Mailing Address 17 Rolling Ridge Road

City

State

Zip Code

New City

NY

10956-6931

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04153

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth Zadwick

Mailing Address 328 Seawind Dr.

City

State

Zip Code

Vallejo

CA

94590-8137

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai04154

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Claude C. Zaiontz

Mailing Address 231 Palo Grande Drive

City

State

Zip Code

San Antonio

TX

78232-3029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Zee Company, Inc.

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai04155

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1392 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph J. Zaladonis

Mailing Address 1610 Knollwood Road

City

Bethlehem

State

PA

Zip Code

18015-5531

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai04156

Amount of Each Receipt this Period

105.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Johnny Zamrzla

Mailing Address 2229 E. Avenue Q.

City

Palmdale

State

CA

Zip Code

93550-4140

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Western Pacific Roofing  
Corporation

Occupation

Roofing & Sheet Metal Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai04157

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Zanardi

Mailing Address 679 N. Santa Cruz Avenue

City

Los Gatos

State

CA

Zip Code

95030-4324

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai04158

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

605.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1393 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

S. Zanello

Mailing Address 2050 Forest View Avenue

City

Hillsborough

State

CA

Zip Code

94010-6119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Gcc Enterprises, Inc.

Occupation

Lawyer, Mother

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai04159

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Martin P. Zanotti

Mailing Address 12223 Cypresswood Drive

City

Houston

State

TX

Zip Code

77070-2733

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai04160

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Maria Zarranz

Mailing Address 3610 S.W. 88Th Place

City

Miami

State

FL

Zip Code

33165-4374

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Turning Point C.M.H.C.

Occupation

Mental Health Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04161

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1394 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Marie D. Zartman

Mailing Address 713 Quaint Acres Drive

City

Silver Spring

State

MD

Zip Code

20904-2725

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
John Hopkins University

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai04162

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Larry D. Zeidler

Mailing Address P.O. Box 429

City

Clayton

State

CA

Zip Code

94517-0429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai04163

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Fred Zelaya

Mailing Address 407 E. 12Th St. Apt. 1Fne

City

New York

State

NY

Zip Code

10009-1343

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Consultant To Caterpillar,  
Inc

Occupation  
Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai04164

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1395 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward R. Ziegler

Mailing Address 2015 Claremont Ln.

City State Zip Code  
**Houston TX 77019-5803**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**03 / 09 / 2009**

Transaction ID: 2009M04L11ai04165

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Edward R. Ziegler

Mailing Address 2015 Claremont Ln.

City State Zip Code  
**Houston TX 77019-5803**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**03 / 16 / 2009**

Transaction ID: 2009M04L11ai04166

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Sumner & Marie Ziegler

Mailing Address 22 Beidler Drive

City State Zip Code  
**Washington Crossin PA 18977-1349**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**03 / 06 / 2009**

Transaction ID: 2009M04L11ai04167

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**550.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1396 / 1940

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael Zigich

Mailing Address 1 Inverness Park Circle

City

Houston

State

TX

Zip Code

77055-4700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai04168

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Zimmerman

Mailing Address 11837 S.E. Madison Street

City

Portland

State

OR

Zip Code

97216-3947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai04169

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert B. Zinser

Mailing Address 3158 Orleans E.

City

San Diego

State

CA

Zip Code

92110-5946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04170

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1397 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stephen E. Zirkle

Mailing Address 5102 Stonebridge Drive

City

Muncie

State

IN

Zip Code

47304-8918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04171

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Veronica Zitella

Mailing Address 3731 RFD Albert Lane

City

Long Grove

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04172

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Eli Ziv

Mailing Address 4739 Ronmar Place

City

Woodland Hills

State

CA

Zip Code

91364-3427

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Center Orthopaedic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04173

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

735.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1398 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary L. Zollner

Mailing Address 1711 N.W. 107Th Terrace

City

Plantation

State

FL

Zip Code

33322-6424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai04174

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Demitri Zouras

Mailing Address 6611 Brentwood Drive

City

Huntington Beach

State

CA

Zip Code

92648-6655

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Orange County Sanitation  
District

Occupation  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai04175

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. George Zumbro

Mailing Address 444 Northridge Circle

City

Evans

State

GA

Zip Code

30809-4542

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai04176

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

420.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1399 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary Ann Zuniga

Mailing Address 487 S. Bowie

City

San Benito

State

TX

Zip Code

78586-3711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai04177

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Annabelle F. Zylstra

Mailing Address 5303 154Th Avenue S.E.

City

Bellevue

State

WA

Zip Code

98006-5151

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai04178

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR RALPH H LANE

Mailing Address 6427 CHARLES STREET

City

RACINE

State

WI

Zip Code

53402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ach00001

Amount of Each Receipt this Period

-300.00

ACH RETURN CONTRIBUTION -  
02/09/2009

**SUBTOTAL** of Receipts This Page (optional) .....

-50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1400 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR RALPH H LANE**

Mailing Address **6427 CHARLES STREET**

City State Zip Code  
**RACINE WI 53402**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**LAWYER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 31 2009**

**Transaction ID: 2009M04L11ach00002**

Amount of Each Receipt this Period

-300.00

**ACH RETURN CONTRIBUTION -  
01/09/2009**

**B.**

Full Name (Last, First, Middle Initial)  
**CHARLES WEEKS**

Mailing Address **6018 CANNON HILL ROAD**

City State Zip Code  
**FORT WASHINGTON PA 19034**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ASHFORD CAPITAL MANAGEMENT**

Occupation  
**INVESTMENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 31 2009**

**Transaction ID: 2009M04L11ach00003**

Amount of Each Receipt this Period

-200.00

**ACH RETURN CONTRIBUTION -  
02/06/2009**

**C.**

Full Name (Last, First, Middle Initial)  
**CHARLES WEEKS**

Mailing Address **6018 CANNON HILL ROAD**

City State Zip Code  
**FORT WASHINGTON PA 19034**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ASHFORD CAPITAL MANAGEMENT**

Occupation  
**INVESTMENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 31 2009**

**Transaction ID: 2009M04L11ach00004**

Amount of Each Receipt this Period

-200.00

**ACH RETURN CONTRIBUTION -  
02/06/2009**

**SUBTOTAL** of Receipts This Page (optional) .....

**-700.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1401 / 1940  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR & MRS CARL R PETERSON**

Mailing Address **3104 164TH AVENUE SE**

City State Zip Code  
**HARWOOD ND 58072**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PETERSON FARMS SEED**

Occupation  
**MANAGEMENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**0.00**

Date of Receipt

**03 / 31 / 2009**

**Transaction ID: 2009M04L11ach00005**

Amount of Each Receipt this Period

**-400.00**

**ACH RETURN CONTRIBUTION -  
01/13/2009**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS JAMIE ZISSIS**

Mailing Address **674 ALPINE VIEW DRIVE**

City State Zip Code  
**INCLINE VILLAGE NV 89451**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED 02/-  
24/2009**

Occupation  
**INFORMATION REQUESTED 02/24/2009**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**0.00**

Date of Receipt

**03 / 31 / 2009**

**Transaction ID: 2009M04L11ach00006**

Amount of Each Receipt this Period

**-5000.00**

**ACH RETURN CONTRIBUTION -  
02/24/2009**

**C.**

Full Name (Last, First, Middle Initial)  
**MR WILLIAM H BREGENZER**

Mailing Address **24 BAYBERRY DRIVE**

City State Zip Code  
**CLIFTON PARK NY 12065**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**03 / 31 / 2009**

**Transaction ID: 2009M04L11ach00007**

Amount of Each Receipt this Period

**-100.00**

**ACH RETURN CONTRIBUTION -  
12/05/2009**

**SUBTOTAL** of Receipts This Page (optional) .....

**-5500.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1402 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR MIKHAIL GORETOY

Mailing Address 1414 REQUA ROAD

City	State	Zip Code
CHERRYVILLE	NC	28021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLEETNET AMERICAOccupation  
COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: 2009M04L11ach00008

Amount of Each Receipt this Period

-50.00

ACH RETURN CONTRIBUTION -  
5/09/2008**B.**Full Name (Last, First, Middle Initial)  
MR MIKHAIL GORETOY

Mailing Address 1414 REQUA ROAD

City	State	Zip Code
CHERRYVILLE	NC	28021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLEETNET AMERICAOccupation  
COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: 2009M04L11ach00009

Amount of Each Receipt this Period

-50.00

ACH RETURN CONTRIBUTION -  
06/06/2008**C.**Full Name (Last, First, Middle Initial)  
MR MIKHAIL GORETOY

Mailing Address 1414 REQUA ROAD

City	State	Zip Code
CHERRYVILLE	NC	28021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLEETNET AMERICAOccupation  
COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: 2009M04L11ach00010

Amount of Each Receipt this Period

-50.00

ACH RETURN CONTRIBUTION -  
07/11/2008

SUBTOTAL of Receipts This Page (optional) .....

-150.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1403 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR MIKHAIL GORETOY

Mailing Address 1414 REQUA ROAD

City	State	Zip Code
CHERRYVILLE	NC	28021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLEETNET AMERICAOccupation  
COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: 2009M04L11ach00011

Amount of Each Receipt this Period

-300.00

ACH RETURN CONTRIBUTION -  
07/25/2008**B.**Full Name (Last, First, Middle Initial)  
MR MIKHAIL GORETOY

Mailing Address 1414 REQUA ROAD

City	State	Zip Code
CHERRYVILLE	NC	28021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLEETNET AMERICAOccupation  
COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: 2009M04L11ach00012

Amount of Each Receipt this Period

-50.00

ACH RETURN CONTRIBUTION -  
08/08/2008**C.**Full Name (Last, First, Middle Initial)  
MR MIKHAIL GORETOY

Mailing Address 1414 REQUA ROAD

City	State	Zip Code
CHERRYVILLE	NC	28021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLEETNET AMERICAOccupation  
COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: 2009M04L11ach00013

Amount of Each Receipt this Period

-50.00

ACH RETURN CONTRIBUTION -  
09/12/2008

SUBTOTAL of Receipts This Page (optional) .....

-400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1404 / 1940

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR MIKHAIL GORETOY**

Mailing Address **1414 REQUA ROAD**

City State Zip Code  
**CHERRYVILLE NC 28021**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FLEETNET AMERICA**

Occupation  
**COORDINATOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**200.00**

Date of Receipt

**03 / 31 / 2009**

**Transaction ID: 2009M04L11ach00014**

Amount of Each Receipt this Period

**-50.00**

**ACH RETURN CONTRIBUTION -  
10/09/2008**

**B.**

Full Name (Last, First, Middle Initial)  
**MR MIKHAIL GORETOY**

Mailing Address **1414 REQUA ROAD**

City State Zip Code  
**CHERRYVILLE NC 28021**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FLEETNET AMERICA**

Occupation  
**COORDINATOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**200.00**

Date of Receipt

**03 / 31 / 2009**

**Transaction ID: 2009M04L11ach00015**

Amount of Each Receipt this Period

**-50.00**

**ACH RETURN CONTRIBUTION -  
11/10/2008**

**C.**

Full Name (Last, First, Middle Initial)  
**MR MIKHAIL GORETOY**

Mailing Address **1414 REQUA ROAD**

City State Zip Code  
**CHERRYVILLE NC 28021**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FLEETNET AMERICA**

Occupation  
**COORDINATOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**200.00**

Date of Receipt

**03 / 31 / 2009**

**Transaction ID: 2009M04L11ach00016**

Amount of Each Receipt this Period

**-50.00**

**ACH RETURN CONTRIBUTION -  
12/05/2008**

**SUBTOTAL** of Receipts This Page (optional) .....

**-150.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1405 / 1940

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MICHAEL DUNKLE

Mailing Address 1733 GOODMAN AVE

City	State	Zip Code
REDONDO BEACH	CA	90278

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
MARKETING AND SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: 2009M04L11ach00017

Amount of Each Receipt this Period

-100.00

ACH RETURN CONTRIBUTION -  
12/05/2008**B.**Full Name (Last, First, Middle Initial)  
MICHAEL DUNKLE

Mailing Address 1733 GOODMAN AVE

City	State	Zip Code
REDONDO BEACH	CA	90278

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
MARKETING AND SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: 2009M04L11ach00018

Amount of Each Receipt this Period

-100.00

ACH RETURN CONTRIBUTION -  
11/03/2008**C.**Full Name (Last, First, Middle Initial)  
MR BOB HARRIS

Mailing Address 224 WHISPERING WOODS CT

City	State	Zip Code
LITTLE SILVER	NJ	07739

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: 2009M04L11ach00019

Amount of Each Receipt this Period

-100.00

ACH RETURN CONTRIBUTION -  
12/05/2008

SUBTOTAL of Receipts This Page (optional) .....

-300.00

TOTAL This Period (last page this line number only) .....

1594728.27

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1406 / 1940

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Aflac Inc. PAC

Mailing Address 1932 Wynnton Road

A Multi Candidate Committee

City

State

Zip Code

Columbus

GA

31999

FEC ID number of contributing  
federal political committee.**C**

C00034157

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	9

Transaction ID: 2009M04L11cpc00001

Amount of Each Receipt this Period

15000.00

2008 PAC contribution from  
3/12/2009 transfer Chambl-  
is Victory Cmte**B.**

Full Name (Last, First, Middle Initial)

American Bankers Association Bank PAC

Mailing Address 1120 Connecticut Avenue N. W.

City

State

Zip Code

Washington

DC

20036

FEC ID number of contributing  
federal political committee.**C**

C00004275

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	9

Transaction ID: 2009M04L11cpc00002

Amount of Each Receipt this Period

15000.00

2008 PAC contribution from  
3/12/2009 transfer Chambl-  
is Victory Cmte**C.**

Full Name (Last, First, Middle Initial)

American Dental PAC

Mailing Address 1111 14Th Street, NW  
11th Floor

City

State

Zip Code

Washington

DC

20005

FEC ID number of contributing  
federal political committee.**C**

C00000729

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: 2009M04L11cpc00003

Amount of Each Receipt this Period

15000.00

2008 PAC contribution from  
3/12/2009 transfer Chambl-  
is Victory Cmte

SUBTOTAL of Receipts This Page (optional) .....

45000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1407 / 1940

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

American Nurses Association PAC

Mailing Address 8515 Georgia Avenue  
Suite 400City State Zip Code  
Silver Springs MD 20910FEC ID number of contributing  
federal political committee.**C** C00017525

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	9	

Transaction ID: 2009M04L11cpc00004

Amount of Each Receipt this Period

2500.00

2008 PAC contribution from  
3/12/2009 transfer Chamblis  
Victory Cmte**B.**

Full Name (Last, First, Middle Initial)

Independent Insurance Agents &amp; Brokers

Mailing Address 412 First Street, SE  
Of America PACCity State Zip Code  
Washington DC 20003FEC ID number of contributing  
federal political committee.**C** C00022343

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	9	

Transaction ID: 2009M04L11cpc00005

Amount of Each Receipt this Period

15000.00

2008 PAC contribution from  
3/12/2009 transfer Chamblis  
Victory Cmte**C.**

Full Name (Last, First, Middle Initial)

Lockheed Martin Employees PAC

Mailing Address 1550 Crystal Drive  
Crystal Square, Suite 300City State Zip Code  
Arlington VA 22202FEC ID number of contributing  
federal political committee.**C** C00303024

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	0	/	2	0	9	

Transaction ID: 2009M04L11cpc00006

Amount of Each Receipt this Period

15000.00

2008 PAC contribution from  
3/12/2009 transfer Chamblis  
Victory Cmte

SUBTOTAL of Receipts This Page (optional) .....

32500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1408 / 1940

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
Mortgage Bankers Association PAC

Mailing Address 1919 Pennsylvania Avenue N.W.

City State Zip Code  
**Washington DC 20006**

FEC ID number of contributing  
federal political committee.

**C** C00004812

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 30 2009**

**Transaction ID: 2009M04L11cpc00007**

Amount of Each Receipt this Period

15000.00

2008 PAC contribution from  
3/12/2009 transfer Chambl-  
is Victory Cmte

**B.**

Full Name (Last, First, Middle Initial)  
N.R.A.- Political Victory Fund

Mailing Address 11250 Waples Mill Road

City State Zip Code  
**Fairfax VA 22030**

FEC ID number of contributing  
federal political committee.

**C** C00053553

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 20 2009**

**Transaction ID: 2009M04L11cpc00008**

Amount of Each Receipt this Period

15000.00

2008 PAC contribution from  
3/12/2009 transfer Chambl-  
is Victory Cmte

**C.**

Full Name (Last, First, Middle Initial)  
Realtors PAC

Mailing Address 430 North Michigan Avenue

City State Zip Code  
**Chicago IL 60611**

FEC ID number of contributing  
federal political committee.

**C** C00030718

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 18 2009**

**Transaction ID: 2009M04L11cpc00009**

Amount of Each Receipt this Period

15000.00

2008 PAC contribution from  
3/12/2009 transfer Chambl-  
is Victory Cmte

**SUBTOTAL** of Receipts This Page (optional) .....

**45000.00**

**TOTAL** This Period (last page this line number only) .....

**122500.00**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1409 / 1940

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Chambliss Victory Committee

Mailing Address P.O. Box 75103

City

Washington

State

DC

Zip Code

20013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

106669.11

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L12ta00001

Amount of Each Receipt this Period

106669.11

09CT09

**B.**

Full Name (Last, First, Middle Initial)

Republican Party of Arkansas

Mailing Address P.O. Box 3704

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L12ta00002

Amount of Each Receipt this Period

80.00

Y09WMTEE

**C.**

Full Name (Last, First, Middle Initial)

REPUBLICAN STAT COMMITTEE OF DELAWARE

Mailing Address 3301 LANCASTER PIKE  
SUITE 4B

City

WILMINGTON

State

DE

Zip Code

19805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE PARTY ID C00172510

Occupation

STATE PARTY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

281.25

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L12ta00003

Amount of Each Receipt this Period

281.25

OFF SET INKIND LINE 22

**SUBTOTAL** of Receipts This Page (optional) .....

107030.36

**TOTAL** This Period (last page this line number only) .....

107030.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1410 / 1940  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**M. M. BOYCE, BOYCEM. M**

Mailing Address **11060 WEYMOUTH CT**  
**APT 416**

City State Zip Code  
**WALDORF MD 20603**

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.40

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

Transaction ID: 2009M04L1500001

Amount of Each Receipt this Period

159.10

INSURANCE PREMIUM (CIGNA  
2009M04)

B.

Full Name (Last, First, Middle Initial)  
**FEDEX EXPRESS**

Mailing Address **P.O. BOX 727**

City State Zip Code  
**MEMPHIS TN 38194-2112**

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1954.10

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 1 7 / 2 0 0 9**

Transaction ID: 2009M04L1500002

Amount of Each Receipt this Period

59.76

DELIVERY COST (2009 M02)

C.

Full Name (Last, First, Middle Initial)  
**JULIE FLEMING**

Mailing Address **6719 BOSTWICK DRIVE**

City State Zip Code  
**SPRINGFIELD VA 22151**

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 2 3 / 2 0 0 9**

Transaction ID: 2009M04L1500003

Amount of Each Receipt this Period

250.00

ASSET SALE

**SUBTOTAL** of Receipts This Page (optional) .....

468.86

**TOTAL** This Period (last page this line number only) .....

Form/Schedule : **SA15**  
Transaction ID :

Regarding 'Asset Sales' reported on Schedule A supporting Line 15 of our report, occasionally the RNC has used office equipment that we need to dispose of. This equipment may be sold in bulk to a commercial liquidation business or piece by piece to individuals. When this is done, these items are reported as 'asset sale' and the price charged is such that they in no way constitute a political contribution. The used assets liquidated by sale to individuals or business are reported as 'Asset Sale' and are priced at fair market value. These items sold by the RNC are not unique to our business, they are common items found in most business, such as computers and cell phones. As such, the market price for these items are determined by referring to internet auction sites or checking replacement values from retail sources.

Form/Schedule : **SA15**  
Transaction ID :

With regard to the usual and normal charge for fees received from a federal candidate on Schedule A supporting Line 15, the RNC charges fair market value for services it provides. Prices are intended to recover the cost for providing the service. The services reported on this schedule for which the RNC received payment were not services of a nature which is unique to the RNC. Services of this type are common in the business community and as such, the RNC compares and sets the price charged to prices available from other commercial sources.

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1412 / 1940

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**HIRSCH FINANCIAL SERVICES, INC**

Mailing Address **164 LAKEFRONT DRIVE**

City State Zip Code  
**HUNT VALLEY MD 21030**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**15434.74**

Date of Receipt

**03 / 23 / 2009**

Transaction ID: 2009M04L1500004

Amount of Each Receipt this Period

**7442.27**

**COBRA REIMBURSEMENT SVS**

**B.**

Full Name (Last, First, Middle Initial)  
**INTERNAL REVENUE SERVICE**

Mailing Address **11601 ROOSEVELT BLVD**

City State Zip Code  
**PHILADELPHIA PA 19154**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**595.00**

Date of Receipt

**03 / 30 / 2009**

Transaction ID: 2009M04L1500005

Amount of Each Receipt this Period

**595.00**

**TAX REFUND (2008 PRE ELEC-  
TION)**

**C.**

Full Name (Last, First, Middle Initial)  
**STEPHEN M KINNEY, KINNEYSTE**

Mailing Address **920 EMERALD STREET**

City State Zip Code  
**REDONDO BEACH CA 90277**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1309.89**

Date of Receipt

**03 / 23 / 2009**

Transaction ID: 2009M04L1500006

Amount of Each Receipt this Period

**436.63**

**INSURANCE PREMIUM (CIGNA  
2009M04)**

**SUBTOTAL** of Receipts This Page (optional) .....

**8473.90**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1413 / 1940

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GEORGE LYNCH, LYNCHGEOR

Mailing Address 700 PRINCESS STREET  
SUITE 200City State Zip Code  
ALEXANDRIA VA 22314FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1810.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L1500007

Amount of Each Receipt this Period

1180.00

ASSET SALE

SUBTOTAL of Receipts This Page (optional) ▶

1180.00

TOTAL This Period (last page this line number only) ▶

10122.76

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1414 / 1940

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address 20002 NORTH 19TH AVENUE

City

PHOENIX

State

AZ

Zip Code

85027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

23.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	9	

Transaction ID: 2009M04L1700001

Amount of Each Receipt this Period

23.80

REBATE

SUBTOTAL of Receipts This Page (optional) .....

23.80

TOTAL This Period (last page this line number only) .....

23.80

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1415 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 ABC BURGLAR ALARM SYSTEMS, INC

Mailing Address 1532 A & B POINTER RIDGE PLACE

City State Zip Code  
 BOWIE MD 20716

Purpose of Disbursement  
 SECURITY SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00001

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 03 11 2009

Amount of Each Disbursement this Period

233.20

**B.** Full Name (Last, First, Middle Initial)  
 ABIS, INC

Mailing Address C/O CATHY WELLEN  
 10330 SOUTH DOLFIELD ROAD

City State Zip Code  
 OWINGS MILL MD 21117

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00002

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 03 23 2009

Amount of Each Disbursement this Period

90481.00

**C.** Full Name (Last, First, Middle Initial)  
 ABIS, INC

Mailing Address C/O CATHY WELLEN  
 10330 SOUTH DOLFIELD ROAD

City State Zip Code  
 OWINGS MILL MD 21117

Purpose of Disbursement  
 PRINT,MAIL PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00003

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 03 26 2009

Amount of Each Disbursement this Period

21724.36

**SUBTOTAL** of Disbursements This Page (optional) .....

112438.56

**TOTAL** This Period (last page this line number only) .....

Form/Schedule : **SB21B**  
Transaction ID :

All expenditures listed for Radio Time, Production, Video Production, Telemarketing, Ad Costs, Media Costs, Media Research, Advertising, Satellite Time, Video or Broadcast Costs, Production Costs, Advertising Costs, Video Services, Broadcast Services, Fax Broadcasting, Illustration Costs, Mailing Costs, Photography Costs, Photo Services, Photo Shoot, banner, calligraphy costs, catering costs, event cost, event supplies, graphic services, online banner, production design, projection presentation cost, promotional supplies and Media Services are RNC operating costs. None of these expenditures are Candidate specific. No media related expenditures listed on line 21 are intended for or directed by a specific candidate. They are either generic overhead costs or RNC fundraising costs.

Form/Schedule : **SB21B**  
Transaction ID :

All expenditures listed for 'art production', 'audio costs', 'entertainment costs', 'music services', 'photography costs','photos' and 'reception costs' these are RNC operating costs. None of these expenditures are Candidate specific. No expenditures listed on line 21 are intended for or directed by a specific candidate. They are either generic overhead costs or RNC fundraising costs.

Form/Schedule : **SB21B**

Transaction ID :

Payments to another political committee disclosed on Schedule B supporting Line 21(b) are not contributions. They are payments for goods and services received at usual and normal rates. With regard to the usual and normal rates, we are assured the fee is a commercially reasonable rate because we regularly obtain similar products from a variety of sources both political and commercial.

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1418 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ADP, INC Mailing Address P O BOX 9001006	<b>Transaction ID:</b> 2009M04L21a00004 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City LOUISVILLE State KY Zip Code 40290-1006 Purpose of Disbursement PAYROLL COST Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>760.10</div>
<b>B.</b> Full Name (Last, First, Middle Initial) ADP, INC Mailing Address P O BOX 9001006 City LOUISVILLE State KY Zip Code 40290-1006 Purpose of Disbursement PAYROLL COST Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00005 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1030.59</div>
<b>C.</b> Full Name (Last, First, Middle Initial) ADP, INC Mailing Address P O BOX 9001006 City LOUISVILLE State KY Zip Code 40290-1006 Purpose of Disbursement PAYROLL COST Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00006 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2220.01</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**4010.70**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1419 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ADP, INC.	<b>Transaction ID:</b> 2009M04L21a00007 <b>Date of Disbursement</b>																				
Mailing Address UNEMPLOYMENT P O BOX 78415	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City PHOENIX State AZ Zip Code 85062-8415	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement UNEMPLOYMENT MGMT COST Candidate Name	<table border="1"> <tr> <td colspan="10">440.13</td> </tr> </table>	440.13																			
440.13																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN DIRECT, INC	<b>Transaction ID:</b> 2009M04L21a00008 <b>Date of Disbursement</b>																				
Mailing Address 1272 CORPORATE PARK DRIVE SECOND FL	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City FOREST State VA Zip Code 24551	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PRINT PRODUCTION Candidate Name	<table border="1"> <tr> <td colspan="10">308.27</td> </tr> </table>	308.27																			
308.27																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN DIRECT, INC	<b>Transaction ID:</b> 2009M04L21a00009 <b>Date of Disbursement</b>																				
Mailing Address 1272 CORPORATE PARK DRIVE SECOND FL	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City FOREST State VA Zip Code 24551	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PRINT PRODUCTION Candidate Name	<table border="1"> <tr> <td colspan="10">308.27</td> </tr> </table>	308.27																			
308.27																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1056.67

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

State:  District:

FEC Schedule B ( Form 3X) (Revised 02/2003)



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**[MEMO ITEM]**

**[MEMO ITEM]**

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1423 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>UNITED AIRLINES</b> <hr/> Mailing Address <b>PO BOX 2013</b>	<b>Transaction ID:</b> 2009M04L21a00015m Date of Disbursement <div> <div>MM / DD / YY</div> <div>03 / 11 / 2009</div> </div>
<div> <div>City</div> <div>CHICAGO</div> </div> <div> <div>State</div> <div>IL</div> </div> <div> <div>Zip Code</div> <div>60673</div> </div> <div> <div>Purpose of Disbursement</div> <div>AIR FARE</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Category/Type</div> <div></div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div> </div> <div> <div>State:</div> <div>District:</div> </div>	Amount of Each Disbursement this Period <div>484.60</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>AMERICAN EXPRESS</b> <hr/> Mailing Address <b>PO BOX 1270</b>	<b>Transaction ID:</b> 2009M04L21a00016 Date of Disbursement <div> <div>MM / DD / YY</div> <div>03 / 11 / 2009</div> </div>
<div> <div>City</div> <div>NEWARK</div> </div> <div> <div>State</div> <div>NJ</div> </div> <div> <div>Zip Code</div> <div>07101-1270</div> </div> <div> <div>Purpose of Disbursement</div> <div>AIR FARE</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Category/Type</div> <div></div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div> </div> <div> <div>State:</div> <div>District:</div> </div>	Amount of Each Disbursement this Period <div>991.20</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>FRONTIER AIRLINES</b> <hr/> Mailing Address <b>FRONTIER CENTER ONE 7001 TOWER RD</b>	<b>Transaction ID:</b> 2009M04L21a00016m Date of Disbursement <div> <div>MM / DD / YY</div> <div>03 / 11 / 2009</div> </div>
<div> <div>City</div> <div>DENVER</div> </div> <div> <div>State</div> <div>CO</div> </div> <div> <div>Zip Code</div> <div>80249</div> </div> <div> <div>Purpose of Disbursement</div> <div>AIR FARE</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Category/Type</div> <div></div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div> </div> <div> <div>State:</div> <div>District:</div> </div>	Amount of Each Disbursement this Period <div>991.20</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**991.20**

**TOTAL** This Period (last page this line number only) ..... ►

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) <b>DELTA AIRLINES</b>	<b>Transaction ID:</b> 2009M04L21a00018m <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9</span> </div>
Mailing Address     1629 K ST NW	
City                                  State                  Zip Code <b>WASHINGTON</b> DC                      20006	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">1684.80</div>
Purpose of Disbursement <b>AIR FARE</b>	<div style="border: 1px solid black; width: 50px; height: 30px; margin: auto;"></div> <b>[MEMO ITEM]</b>
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  State:              District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	
Full Name (Last, First, Middle Initial) <b>AMERICAN EXPRESS</b>	<b>Transaction ID:</b> 2009M04L21a00019 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9</span> </div>
Mailing Address     PO BOX 1270	
City                                  State                  Zip Code <b>NEWARK</b> NJ                      07101-1270	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">3253.12</div>
Purpose of Disbursement <b>AIR FARE</b>	<div style="border: 1px solid black; width: 50px; height: 30px; margin: auto;"></div>
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  State:              District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	
Full Name (Last, First, Middle Initial) <b>AMERICAN AIRLINES</b>	<b>Transaction ID:</b> 2009M04L21a00019m <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9</span> </div>
Mailing Address     DEPARTMENT 13175 P O BOX 13691	
City                                  State                  Zip Code <b>NEWARK</b> NJ                      07188	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">3253.12</div>
Purpose of Disbursement <b>AIR FARE</b>	<div style="border: 1px solid black; width: 50px; height: 30px; margin: auto;"></div> <b>[MEMO ITEM]</b>
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  State:              District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**3253.12**

3253.12

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1426 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>AMERICAN EXPRESS</b> <hr/> Mailing Address <b>PO BOX 1270</b>	<b>Transaction ID:</b> 2009M04L21a00020 <b>Date of Disbursement</b> <div> <div>03</div> <div>11</div> <div>2009</div> </div>
<div> <div>City</div> <div>NEWARK</div> </div> <div> <div>State</div> <div>NJ</div> </div> <div> <div>Zip Code</div> <div>07101-1270</div> </div> <div> <div>Purpose of Disbursement</div> <div>AIR FARE</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div> </div> <div> <div>State:</div> <div>District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>3658.80</div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>UNITED AIRLINES</b> <hr/> Mailing Address <b>PO BOX 2013</b>	<b>Transaction ID:</b> 2009M04L21a00020m <b>Date of Disbursement</b> <div> <div>03</div> <div>11</div> <div>2009</div> </div>
<div> <div>City</div> <div>CHICAGO</div> </div> <div> <div>State</div> <div>IL</div> </div> <div> <div>Zip Code</div> <div>60673</div> </div> <div> <div>Purpose of Disbursement</div> <div>AIR FARE</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div> </div> <div> <div>State:</div> <div>District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>3658.80</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>AMERICAN EXPRESS</b> <hr/> Mailing Address <b>PO BOX 1270</b>	<b>Transaction ID:</b> 2009M04L21a00021 <b>Date of Disbursement</b> <div> <div>03</div> <div>11</div> <div>2009</div> </div>
<div> <div>City</div> <div>NEWARK</div> </div> <div> <div>State</div> <div>NJ</div> </div> <div> <div>Zip Code</div> <div>07101-1270</div> </div> <div> <div>Purpose of Disbursement</div> <div>BAGGAGE SVS</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div> </div> <div> <div>State:</div> <div>District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>21.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3679.80**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1427 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VIRGIN AMERICA INC Mailing Address 555 AIRPORT BLVD FL 2ND	<b>Transaction ID:</b> 2009M04L21a00021m <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	1		2	0	0	9													
City BURLINGAME State CA Zip Code 94010 Purpose of Disbursement BAGGAGE SVS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>21.00</td> </tr> </table> <b>[MEMO ITEM]</b>	21.00																				
21.00																						
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270 City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement BAGGAGE SVS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00022 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>139.60</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9	139.60
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	1		2	0	0	9													
139.60																						
<b>C.</b> Full Name (Last, First, Middle Initial) VIRGIN AMERICA INC Mailing Address 555 AIRPORT BLVD FL 2ND City BURLINGAME State CA Zip Code 94010 Purpose of Disbursement BAGGAGE SVS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00022m <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>139.60</td> </tr> </table> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9	139.60
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	1		2	0	0	9													
139.60																						

**SUBTOTAL** of Disbursements This Page (optional) .....

139.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1428 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2009M04L21a00023 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	9													
City NEWARK State NJ Zip Code 07101-1270	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CAR WASH	<table border="1"> <tr> <td colspan="10">28.00</td> </tr> </table>	28.00																			
28.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MR CLEAN CAR WASH	<b>Transaction ID:</b> 2009M04L21a00023m <b>Date of Disbursement</b>																				
Mailing Address 11775 HOLLY AUTO CENTER	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	9													
City WALDORF State MD Zip Code 20602	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CAR WASH	<table border="1"> <tr> <td colspan="10">28.00</td> </tr> </table>	28.00																			
28.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2009M04L21a00024 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	9													
City NEWARK State NJ Zip Code 07101-1270	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CLEANING SVS	<table border="1"> <tr> <td colspan="10">34.10</td> </tr> </table>	34.10																			
34.10																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

62.10

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1429 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SENATE CLEANERS, INC	<b>Transaction ID:</b> 2009M04L21a00024m <b>Date of Disbursement</b>																				
Mailing Address 300 M ST SW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20024	Amount of Each Disbursement this Period																				
Purpose of Disbursement CLEANING SVS	<table border="1"> <tr> <td>34.10</td> </tr> </table>	34.10																			
34.10																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2009M04L21a00025 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City NEWARK State NJ Zip Code 07101-1270	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>320.82</td> </tr> </table>	320.82																			
320.82																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) THE O'HARE HILTON, IL	<b>Transaction ID:</b> 2009M04L21a00025m <b>Date of Disbursement</b>																				
Mailing Address P O BOX 66414	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City AMF OHARE State IL Zip Code 60666-0414	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>320.82</td> </tr> </table>	320.82																			
320.82																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**320.82**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1430 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270	<b>Transaction ID:</b> 2009M04L21a00026 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>2.40</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) STARBUCKS, LOS ANGELES CA Mailing Address 930 WILSHIRE BLVD City LOS ANGELES State CA Zip Code 90017-3400 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00026m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2.40</div> <div>Category/Type</div> <p><b>[MEMO ITEM]</b></p>
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270 City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00027 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>3.38</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

5.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1431 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BURGER KING, GLEN BURNIE MD	<b>Transaction ID:</b> 2009M04L21a00027m <b>Date of Disbursement</b>
Mailing Address 7988 CRAIN HWY S	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City GLEN BURNIE State MD Zip Code 21061	<b>Amount of Each Disbursement this Period</b> <div>3.38</div>
Purpose of Disbursement MEALS Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2009M04L21a00028 <b>Date of Disbursement</b>
Mailing Address PO BOX 1270	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City NEWARK State NJ Zip Code 07101-1270	<b>Amount of Each Disbursement this Period</b> <div>3.99</div>
Purpose of Disbursement MEALS Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) CPK T3 LAX, LOS ANGELES	<b>Transaction ID:</b> 2009M04L21a00028m <b>Date of Disbursement</b>
Mailing Address 201 WORLD WAY	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City LOS ANGELES State CA Zip Code 90045	<b>Amount of Each Disbursement this Period</b> <div>3.99</div>
Purpose of Disbursement MEALS Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3.99

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270	<b>Transaction ID:</b> 2009M04L21a00029 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>7.45</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) STARBUCKS, WASHINGTON DC Mailing Address 237 PENN AVE SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00029m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>7.45</div> <div>Category/Type</div> <p><b>[MEMO ITEM]</b></p>
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270 City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00030 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>7.63</div> <div>Category/Type</div>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► <div>15.08</div>	
<b>TOTAL</b> This Period (last page this line number only) ..... ►	

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270	<b>Transaction ID:</b> 2009M04L21a00032 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>10.36</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) DEWEY & LEBOEUF, NEW YORK Mailing Address 1301 AVE OF THE AMERICAS City NEW YORK State NY Zip Code 10019 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00032m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>10.36</div> <div>Category/Type</div> <p><b>[MEMO ITEM]</b></p>
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270 City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00033 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>11.55</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**21.91**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1435 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMTRAK Mailing Address 50 MASS AVE NE	<b>Transaction ID:</b> 2009M04L21a00033m <b>Date of Disbursement</b> <div> <div>03</div> <div>11</div> <div>2009</div> </div>
City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>11.55</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270 City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00034 <b>Date of Disbursement</b> <div> <div>03</div> <div>11</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>12.57</div>
<b>C.</b> Full Name (Last, First, Middle Initial) CORNER BAKERY, WASHINGTON DC Mailing Address 529 14TH ST NW STE F11 City WASHINGTON State DC Zip Code 20045 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00034m <b>Date of Disbursement</b> <div> <div>03</div> <div>11</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>12.57</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

12.57

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1437 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AU BON CAFE	<b>Transaction ID:</b> 2009M04L21a00036m <b>Date of Disbursement</b>
Mailing Address 706 FRONTAGE RD SW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>17.56</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2009M04L21a00037 <b>Date of Disbursement</b>
Mailing Address PO BOX 1270	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City NEWARK State NJ Zip Code 07101-1270	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>20.62</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) I HOP, LOS ANGELES CA	<b>Transaction ID:</b> 2009M04L21a00037m <b>Date of Disbursement</b>
Mailing Address 820 S FLOWER ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City LOS ANGELES State CA Zip Code 90017-4608	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>20.62</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

20.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1438 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**AMERICAN EXPRESS**

Mailing Address **PO BOX 1270**

City  
**NEWARK**

State  
**NJ**

Zip Code  
**07101-1270**

Purpose of Disbursement  
**MEALS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00038**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**22.08**

**B.**

Full Name (Last, First, Middle Initial)

**EMELIO, BOISE ID**

Mailing Address **245 S CAPITOL BLVD**

City  
**BOISE**

State  
**ID**

Zip Code  
**83702**

Purpose of Disbursement  
**MEALS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00038m**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**22.08**

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

**AMERICAN EXPRESS**

Mailing Address **PO BOX 1270**

City  
**NEWARK**

State  
**NJ**

Zip Code  
**07101-1270**

Purpose of Disbursement  
**MEALS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00039**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**24.12**

**SUBTOTAL** of Disbursements This Page (optional) .....

**46.20**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1440 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 AMERICAN EXPRESS

Mailing Address PO BOX 1270

City State Zip Code  
 NEWARK NJ 07101-1270

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00041  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

39.24

**B.**

Full Name (Last, First, Middle Initial)  
 STARBUCKS, ARLINGTON VA

Mailing Address 1735 N LYNN ST LBBY 20

City State Zip Code  
 ARLINGTON VA 22209-2019

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00041m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

39.24

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
 AMERICAN EXPRESS

Mailing Address PO BOX 1270

City State Zip Code  
 NEWARK NJ 07101-1270

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00042  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

80.00

**SUBTOTAL** of Disbursements This Page (optional) .....

119.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1441 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 CONGA ROOM, LOS ANGELES CA

Mailing Address 800 W OLYMPIC BLVD 260

City State Zip Code  
 LOS ANGELES CA 90017-3403

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00042m

Date of Disbursement

/   /

Amount of Each Disbursement this Period

80.00

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
 AMERICAN EXPRESS

Mailing Address PO BOX 1270

City State Zip Code  
 NEWARK NJ 07101-1270

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00043

Date of Disbursement

/   /

Amount of Each Disbursement this Period

225.35

**C.**

Full Name (Last, First, Middle Initial)  
 BOBBY VANS GRILLE, WDC

Mailing Address 1201 NEW YORK AVE NW

City State Zip Code  
 WASHINGTON DC 20005

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00043m

Date of Disbursement

/   /

Amount of Each Disbursement this Period

225.35

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

225.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1442 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270	<b>Transaction ID:</b> 2009M04L21a00044 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) MCCORMICK & SCHMICKS, WDC Mailing Address 901 F ST NW City WASHINGTON State DC Zip Code 20004-1417 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00044m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>Category/Type</div> <p><b>[MEMO ITEM]</b></p>
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270 City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00045 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1487.45</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2487.45**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1443 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 THE BREAKERS PALM BEACH

Mailing Address ONE SOUTH COUNTY ROAD

City PALM BEACH State FL Zip Code 33480

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00045m  
 Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

1487.45

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
 AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101-1270

Purpose of Disbursement  
 METRO FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00046  
 Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
 WA METRO ATA

Mailing Address 600 5TH ST NW

City WASHINGTON State DC Zip Code 20001-2610

Purpose of Disbursement  
 METRO FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00046m  
 Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1446 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>AMERICAN EXPRESS</b> <hr/> Mailing Address <b>PO BOX 1270</b>	<b>Transaction ID:</b> 2009M04L21a00050 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
<div> <div>City <b>NEWARK</b> State <b>NJ</b> Zip Code <b>07101-1270</b></div> <div> <div>Purpose of Disbursement <b>OFFICE SUPPLIES</b></div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General</div> <div><input type="checkbox"/> Other (specify) ▼</div> </div> </div> <div>Category/Type</div>	<b>Amount of Each Disbursement this Period</b> <div>85.70</div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>DUNKINDONUTS.COM</b> <hr/> Mailing Address <b>150 DEPOT ST</b>	<b>Transaction ID:</b> 2009M04L21a00050m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
<div> <div>City <b>BELLINGHAM</b> State <b>MA</b> Zip Code <b>02019</b></div> <div> <div>Purpose of Disbursement <b>OFFICE SUPPLIES</b></div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General</div> <div><input type="checkbox"/> Other (specify) ▼</div> </div> </div> <div>Category/Type</div>	<b>Amount of Each Disbursement this Period</b> <div>85.70</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>AMERICAN EXPRESS</b> <hr/> Mailing Address <b>PO BOX 1270</b>	<b>Transaction ID:</b> 2009M04L21a00051 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
<div> <div>City <b>NEWARK</b> State <b>NJ</b> Zip Code <b>07101-1270</b></div> <div> <div>Purpose of Disbursement <b>OFFICE SUPPLIES</b></div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General</div> <div><input type="checkbox"/> Other (specify) ▼</div> </div> </div> <div>Category/Type</div>	<b>Amount of Each Disbursement this Period</b> <div>159.03</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**244.73**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**[MEMO ITEM]**

**[MEMO ITEM]**

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1448 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270	<b>Transaction ID:</b> 2009M04L21a00053 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement PUBLICATIONS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>49.09</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) HUDSON NEWS INC, NJ Mailing Address 1 MEADOWLANDS PLZ City EAST RUTHERFORD State NJ Zip Code 07073-2150 Purpose of Disbursement PUBLICATIONS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00053m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>49.09</div> <div>Category/Type</div> <p><b>[MEMO ITEM]</b></p>
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270 City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement RENEWAL SVS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00054 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>300.00</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**349.09**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270	<b>Transaction ID:</b> 2009M04L21a00056 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement TRAIN FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>526.00</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) AMTRAK Mailing Address 50 MASS AVE NE City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement TRAIN FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00056m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>526.00</div> <div>Category/Type</div> <p><b>[MEMO ITEM]</b></p>
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270 City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement TRAVEL SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00057 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>70.00</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**596.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MACNAIR TRAVEL MANAGEMENT	<b>Transaction ID:</b> 2009M04L21a00057m <b>Date of Disbursement</b>																				
Mailing Address 1101 KING ST SUITE 190	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement TRAVEL SERVICE Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>70.00</td> </tr> </table>	70.00																			
70.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2009M04L21a00058 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement TRAVEL SERVICE Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>90.00</td> </tr> </table>	90.00																			
90.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) MACNAIR TRAVEL MANAGEMENT	<b>Transaction ID:</b> 2009M04L21a00058m <b>Date of Disbursement</b>																				
Mailing Address 1101 KING ST SUITE 190	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement TRAVEL SERVICE Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>90.00</td> </tr> </table>	90.00																			
90.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]																				

**SUBTOTAL** of Disbursements This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1452 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2009M04L21a00059 <b>Date of Disbursement</b>
Mailing Address PO BOX 1270	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City NEWARK State NJ Zip Code 07101-1270	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL SERVICE Candidate Name	<div>140.00</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) MACNAIR TRAVEL MANAGEMENT	<b>Transaction ID:</b> 2009M04L21a00059m <b>Date of Disbursement</b>
Mailing Address 1101 KING ST SUITE 190	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL SERVICE Candidate Name	<div>140.00</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2009M04L21a00060 <b>Date of Disbursement</b>
Mailing Address PO BOX 1270	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City NEWARK State NJ Zip Code 07101-1270	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL SERVICE Candidate Name	<div>210.00</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**350.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1453 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MACNAIR TRAVEL MANAGEMENT**

Mailing Address **1101 KING ST SUITE 190**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement  
**TRAVEL SERVICE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00060m  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**210.00**

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
**SAUL ANUZIS**

Mailing Address **5 LOCUST LANE**

City **LANSING** State **MI** Zip Code **48911**

Purpose of Disbursement  
**AIR FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00061  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**336.40**

**C.**

Full Name (Last, First, Middle Initial)  
**NORTHWEST AIRLINES**

Mailing Address **4000 E SKY HARBOR BLVD**

City **PHOENIX** State **AZ** Zip Code **85034**

Purpose of Disbursement  
**AIR FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00061m  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**336.40**

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**336.40**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1454 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

SAUL ANUZIS

Mailing Address 5 LOCUST LANE

City  
LANSINGState  
MIZip Code  
48911Purpose of Disbursement  
AIR FARE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00062

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	9

Amount of Each Disbursement this Period

668.50

**B.**

Full Name (Last, First, Middle Initial)

NORTHWEST AIRLINES

Mailing Address 4000 E SKY HARBOR BLVD

City  
PHOENIXState  
AZZip Code  
85034Purpose of Disbursement  
AIR FARE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00062m

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	9

Amount of Each Disbursement this Period

668.50

**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

SAUL ANUZIS

Mailing Address 5 LOCUST LANE

City  
LANSINGState  
MIZip Code  
48911Purpose of Disbursement  
LODGING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00063

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	9

Amount of Each Disbursement this Period

797.61

SUBTOTAL of Disbursements This Page (optional) .....

1466.11

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1455 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) OMNI SHOREHAM HOTEL, WDC	<b>Transaction ID:</b> 2009M04L21a00063m <b>Date of Disbursement</b>																				
Mailing Address 2500 CALVERT ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20008	Amount of Each Disbursement this Period <table border="1"> <tr> <td>7</td><td>9</td><td>7</td><td>.</td><td>6</td><td>1</td> </tr> </table>	7	9	7	.	6	1														
7	9	7	.	6	1																
Purpose of Disbursement LODGING Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) SAUL ANUZIS	<b>Transaction ID:</b> 2009M04L21a00064 <b>Date of Disbursement</b>																				
Mailing Address 5 LOCUST LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City LANSING State MI Zip Code 48911	Amount of Each Disbursement this Period <table border="1"> <tr> <td>3</td><td>8</td><td>.</td><td>7</td><td>5</td> </tr> </table>	3	8	.	7	5															
3	8	.	7	5																	
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) TUNE INN, WASHINGTON DC	<b>Transaction ID:</b> 2009M04L21a00064m <b>Date of Disbursement</b>																				
Mailing Address 331 PENN AVE SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period <table border="1"> <tr> <td>3</td><td>8</td><td>.</td><td>7</td><td>5</td> </tr> </table>	3	8	.	7	5															
3	8	.	7	5																	
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

38.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1456 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SAUL ANUZIS	<b>Transaction ID:</b> 2009M04L21a00065 <b>Date of Disbursement</b>																				
Mailing Address 5 LOCUST LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City LANSING State MI Zip Code 48911	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>49.86</td> </tr> </table>	49.86																			
49.86																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) BERTUCCI'S BRICKOVEN	<b>Transaction ID:</b> 2009M04L21a00065m <b>Date of Disbursement</b>																				
Mailing Address 725 KING STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>49.86</td> </tr> </table>	49.86																			
49.86																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SAUL ANUZIS	<b>Transaction ID:</b> 2009M04L21a00066 <b>Date of Disbursement</b>																				
Mailing Address 5 LOCUST LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City LANSING State MI Zip Code 48911	Amount of Each Disbursement this Period																				
Purpose of Disbursement TAXI	<table border="1"> <tr> <td>20.00</td> </tr> </table>	20.00																			
20.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

69.86

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1458 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

BRIAN ATHEY

Mailing Address 531 NORTHPARK DR

City BOSSIER CITY State LA Zip Code 71111

Purpose of Disbursement  
GRAPHIC SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00070

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	9

Amount of Each Disbursement this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

BRIAN ATHEY

Mailing Address 531 NORTHPARK DR

City BOSSIER CITY State LA Zip Code 71111

Purpose of Disbursement  
GRAPHIC SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00071

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	9

Amount of Each Disbursement this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

AT &amp; T MOBILITY

Mailing Address P O BOX 6463

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement  
TELEPHONE CHARGES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00072

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	9

Amount of Each Disbursement this Period

69.97

SUBTOTAL of Disbursements This Page (optional) .....

236.64

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1459 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 AT & T MOBILITY

Mailing Address P O BOX 6463

City State Zip Code  
 CAROL STREAM IL 60197

Purpose of Disbursement  
 TELEPHONE CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00073

Date of Disbursement

/   /

Amount of Each Disbursement this Period

103.94

**B.**

Full Name (Last, First, Middle Initial)  
 AT & T MOBILITY

Mailing Address P O BOX 6463

City State Zip Code  
 CAROL STREAM IL 60197

Purpose of Disbursement  
 TELEPHONE CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00074

Date of Disbursement

/   /

Amount of Each Disbursement this Period

130.66

**C.**

Full Name (Last, First, Middle Initial)  
 AT & T MOBILITY

Mailing Address P O BOX 6463

City State Zip Code  
 CAROL STREAM IL 60197

Purpose of Disbursement  
 TELEPHONE CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00075

Date of Disbursement

/   /

Amount of Each Disbursement this Period

181.71

**SUBTOTAL** of Disbursements This Page (optional) .....

416.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1460 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**AVIS RENT A CAR SYSTEM, INC.**

Mailing Address **7876 COLLECTIONS CENTER DRIVE**

City **CHICAGO** State **IL** Zip Code **60693**

Purpose of Disbursement  
**CAR RENTAL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: 2009M04L21a00076**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**292.26**

**B.** Full Name (Last, First, Middle Initial)  
**BALFOUR PHOTOGRAPHY**

Mailing Address **2481 MISSION ST**

City **SAN MARINO** State **CA** Zip Code **91108**

Purpose of Disbursement  
**REPRINTS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: 2009M04L21a00077**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**31.00**

**C.** Full Name (Last, First, Middle Initial)  
**JAY BANNING**

Mailing Address **2127 CALIFORNIA ST NW**  
**APT 205**

City **WASHINGTON** State **DC** Zip Code **20008**

Purpose of Disbursement  
**MEALS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: 2009M04L21a00078**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**24.45**

**SUBTOTAL** of Disbursements This Page (optional) .....

**347.71**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1461 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 TUNE INN, WASHINGTON DC

Mailing Address 331 PENN AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00078m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

24.45

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
 JAY BANNING

Mailing Address 2127 CALIFORNIA ST NW  
 APT 205

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00079  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

90.08

**C.**

Full Name (Last, First, Middle Initial)  
 THE PALM RESTAURANT, WDC

Mailing Address 1225 19TH ST NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00079m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

90.08

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

90.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1462 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 JAY BANNING

Mailing Address 2127 CALIFORNIA ST NW  
 APT 205

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00080  
 Date of Disbursement

MM / DD / YYYY  
 03 / 11 / 2009

Amount of Each Disbursement this Period

177.14

**B.**

Full Name (Last, First, Middle Initial)  
 LOGAN TAVERN

Mailing Address 1423 P ST NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00080m  
 Date of Disbursement

MM / DD / YYYY  
 03 / 11 / 2009

Amount of Each Disbursement this Period

177.14

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
 JAY BANNING

Mailing Address 2127 CALIFORNIA ST NW  
 APT 205

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement  
 PARKING,TAXI

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00081  
 Date of Disbursement

MM / DD / YYYY  
 03 / 26 / 2009

Amount of Each Disbursement this Period

34.00

**SUBTOTAL** of Disbursements This Page (optional) .....

211.14

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1464 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BARBIZON LIGHTING COMPANY	<b>Transaction ID:</b> 2009M04L21a00085 <b>Date of Disbursement</b>
Mailing Address BARBIZON CAPITOL INC. 6437-G GENERAL GREEN WAY	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22312	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement STUDIO LAMPS	<div>183.48</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) MELISSA BARND	<b>Transaction ID:</b> 2009M04L21a00086 <b>Date of Disbursement</b>
Mailing Address 328 D ST SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement OFFICE SUPPLIES	<div>45.71</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) AMAZON.COM	<b>Transaction ID:</b> 2009M04L21a00086m <b>Date of Disbursement</b>
Mailing Address P O BOX 81226	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City SEATTLE State WA Zip Code 98108	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement OFFICE SUPPLIES	<div>45.71</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

229.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1465 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)          IAN BARTELS</p> <p>Mailing Address 1200 NORTH VEITCH STREET          #1612</p> <p>City ARLINGTON State VA Zip Code 22201</p> <p>Purpose of Disbursement          INTERNET SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00087  <b>Date of Disbursement</b>          M M / D D / Y Y Y Y          0 3 / 1 9 / 2 0 0 9</p> <p><b>Amount of Each Disbursement this Period</b>          59.98</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)          COMCAST</p> <p>Mailing Address P O BOX 3005</p> <p>City SOUTHEASTERN State PA Zip Code 19398</p> <p>Purpose of Disbursement          INTERNET SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00087m  <b>Date of Disbursement</b>          M M / D D / Y Y Y Y          0 3 / 1 9 / 2 0 0 9</p> <p><b>Amount of Each Disbursement this Period</b>          59.98</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)          LAUREN BATTEY</p> <p>Mailing Address 642 EAST CAPITOL ST NE APT 3</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement          MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00088  <b>Date of Disbursement</b>          M M / D D / Y Y Y Y          0 3 / 1 9 / 2 0 0 9</p> <p><b>Amount of Each Disbursement this Period</b>          19.80</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

79.78

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1467 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BFPE INTERNATIONAL

Mailing Address P O BOX 630067

City BALTIMORE State MD Zip Code 21263

Purpose of Disbursement  
EQUIPMENT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00090

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	9

Amount of Each Disbursement this Period

343.69

B.

Full Name (Last, First, Middle Initial)

BFPE INTERNATIONAL

Mailing Address P O BOX 630067

City BALTIMORE State MD Zip Code 21263

Purpose of Disbursement  
EQUIPMENT MAINTENANCE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00091

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	9

Amount of Each Disbursement this Period

475.88

C.

Full Name (Last, First, Middle Initial)

THE BONJEAN COMPANY

Mailing Address 1455 PENNSYLVANIA AVE, NW  
SUITE 100

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
ISSUED IN ERROR 2/26/2009

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00092

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	9

Amount of Each Disbursement this Period

-994.86

SUBTOTAL of Disbursements This Page (optional) .....

-175.29

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1468 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>THE BONJEAN COMPANY</b></p> <p>Mailing Address <b>1455 PENNSYLVANIA AVE, NW          SUITE 100</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20004</b></p> <p>Purpose of Disbursement          ISSUED IN ERROR 2/26/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00093  <b>Date of Disbursement</b>  <div> <div>03</div> <div>05</div> <div>2009</div> </div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>-234.37</div></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>THE BONJEAN COMPANY</b></p> <p>Mailing Address <b>1455 PENNSYLVANIA AVE, NW          SUITE 100</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20004</b></p> <p>Purpose of Disbursement          ISSUED IN ERROR 2/26/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00094  <b>Date of Disbursement</b>  <div> <div>03</div> <div>05</div> <div>2009</div> </div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>-105.02</div></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>THE BONJEAN COMPANY</b></p> <p>Mailing Address <b>1455 PENNSYLVANIA AVE, NW          SUITE 100</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20004</b></p> <p>Purpose of Disbursement          ISSUED IN ERROR 2/26/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00095  <b>Date of Disbursement</b>  <div> <div>03</div> <div>05</div> <div>2009</div> </div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>-85.00</div></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**-424.39**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1469 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) THE BONJEAN COMPANY	<b>Transaction ID:</b> 2009M04L21a00096 <b>Date of Disbursement</b>																				
Mailing Address 1455 PENNSYLVANIA AVE, NW SUITE 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20004	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ISSUED IN ERROR 2/26/2009	<table border="1"> <tr> <td colspan="10">-84.00</td> </tr> </table>	-84.00																			
-84.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) THE BONJEAN COMPANY	<b>Transaction ID:</b> 2009M04L21a00097 <b>Date of Disbursement</b>																				
Mailing Address 1455 PENNSYLVANIA AVE, NW SUITE 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20004	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ISSUED IN ERROR 2/26/2009	<table border="1"> <tr> <td colspan="10">-75.00</td> </tr> </table>	-75.00																			
-75.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) THE BONJEAN COMPANY	<b>Transaction ID:</b> 2009M04L21a00098 <b>Date of Disbursement</b>																				
Mailing Address 1455 PENNSYLVANIA AVE, NW SUITE 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20004	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ISSUED IN ERROR 2/26/2009	<table border="1"> <tr> <td colspan="10">-50.00</td> </tr> </table>	-50.00																			
-50.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">-209.00</td> </tr> </table>	-209.00																			
-209.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1470 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SARA BONJEAN	<b>Transaction ID:</b> 2009M04L21a00099 <b>Date of Disbursement</b>																				
Mailing Address 500 MONTICELLO BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22305	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td>84.00</td> </tr> </table>	84.00																			
84.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) US AIRWAYS	<b>Transaction ID:</b> 2009M04L21a00099m <b>Date of Disbursement</b>																				
Mailing Address 5620 UNIVERSITY PKWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City WINSTON SALEM State NC Zip Code 27105	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td>84.00</td> </tr> </table>	84.00																			
84.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SARA BONJEAN	<b>Transaction ID:</b> 2009M04L21a00100 <b>Date of Disbursement</b>																				
Mailing Address 500 MONTICELLO BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22305	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td>994.86</td> </tr> </table>	994.86																			
994.86																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1078.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1471 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BGI SHARED SERVICES	<b>Transaction ID:</b> 2009M04L21a00100m <b>Date of Disbursement</b>																				
Mailing Address BUDGET RENT A CAR SYSTEMS,INC 14297 COLLECTIONS CENTER DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City CHICAGO State IL Zip Code 60693	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td colspan="10">994.86</td> </tr> </table>	994.86																			
994.86																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>B.</b> Full Name (Last, First, Middle Initial) SARA BONJEAN	<b>Transaction ID:</b> 2009M04L21a00101 <b>Date of Disbursement</b>																				
Mailing Address 500 MONTICELLO BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22305	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">14.50</td> </tr> </table>	14.50																			
14.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) FIREHOOK BAKERY	<b>Transaction ID:</b> 2009M04L21a00101m <b>Date of Disbursement</b>																				
Mailing Address 215 PENNSYLVANIA AVE SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20004	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">14.50</td> </tr> </table>	14.50																			
14.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

14.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1472 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SARA BONJEAN	<b>Transaction ID:</b> 2009M04L21a00102 <b>Date of Disbursement</b>																				
Mailing Address 500 MONTICELLO BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22305	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) FIREHOOK BAKERY	<b>Transaction ID:</b> 2009M04L21a00102m <b>Date of Disbursement</b>																				
Mailing Address 215 PENNSYLVANIA AVE SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20004	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SARA BONJEAN	<b>Transaction ID:</b> 2009M04L21a00103 <b>Date of Disbursement</b>																				
Mailing Address 500 MONTICELLO BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22305	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">28.82</td> </tr> </table>	28.82																			
28.82																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">53.82</td> </tr> </table>	53.82																			
53.82																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1473 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 BISTRO ITALIANO, WASHINGTON DC

Mailing Address 320 D ST NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00103m  
 Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

28.82

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
 SARA BONJEAN

Mailing Address 500 MONTICELLO BLVD

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00104  
 Date of Disbursement

03 / 05 / 2009

Amount of Each Disbursement this Period

105.02

**C.** Full Name (Last, First, Middle Initial)  
 MAIN SAM SNEAD'S TAVERN

Mailing Address 1000 TURNAGE BLVD

City WEST PALM BEACH State FL Zip Code 33406

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00104m  
 Date of Disbursement

03 / 05 / 2009

Amount of Each Disbursement this Period

105.02

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

105.02

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1475 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SARA BONJEAN	<b>Transaction ID:</b> 2009M04L21a00107 <b>Date of Disbursement</b>																				
Mailing Address 500 MONTICELLO BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22305	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PARKING	<table border="1"> <tr> <td>75.00</td> </tr> </table>	75.00																			
75.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) SARA BONJEAN	<b>Transaction ID:</b> 2009M04L21a00108 <b>Date of Disbursement</b>																				
Mailing Address 500 MONTICELLO BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22305	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PARKING	<table border="1"> <tr> <td>75.00</td> </tr> </table>	75.00																			
75.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SARA BONJEAN	<b>Transaction ID:</b> 2009M04L21a00109 <b>Date of Disbursement</b>																				
Mailing Address 500 MONTICELLO BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22305	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PARKING	<table border="1"> <tr> <td>75.00</td> </tr> </table>	75.00																			
75.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**225.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1476 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SARA BONJEAN	<b>Transaction ID:</b> 2009M04L21a00110 <b>Date of Disbursement</b>																				
Mailing Address 500 MONTICELLO BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City ALEXANDRIA State VA Zip Code 22305	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PARKING	<table border="1"> <tr> <td>75.00</td> </tr> </table>	75.00																			
75.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) SARA BONJEAN	<b>Transaction ID:</b> 2009M04L21a00111 <b>Date of Disbursement</b>																				
Mailing Address 500 MONTICELLO BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City ALEXANDRIA State VA Zip Code 22305	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TAXI	<table border="1"> <tr> <td>12.00</td> </tr> </table>	12.00																			
12.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SARA BONJEAN	<b>Transaction ID:</b> 2009M04L21a00112 <b>Date of Disbursement</b>																				
Mailing Address 500 MONTICELLO BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	9													
City ALEXANDRIA State VA Zip Code 22305	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TAXI	<table border="1"> <tr> <td>50.00</td> </tr> </table>	50.00																			
50.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

137.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1477 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SARA BONJEAN	<b>Transaction ID:</b> 2009M04L21a00113 <b>Date of Disbursement</b>																				
Mailing Address 500 MONTICELLO BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22305	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TIPS	<table border="1"> <tr> <td colspan="10">85.00</td> </tr> </table>	85.00																			
85.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) BOWIE'S, INC,	<b>Transaction ID:</b> 2009M04L21a00114 <b>Date of Disbursement</b>																				
Mailing Address 1337 E STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRASH REMOVAL	<table border="1"> <tr> <td colspan="10">2196.95</td> </tr> </table>	2196.95																			
2196.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JOSH BOWLING	<b>Transaction ID:</b> 2009M04L21a00115 <b>Date of Disbursement</b>																				
Mailing Address 1401 N TAFT ST 221	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PER DIEM	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**2381.95**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1478 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JOSH BOWLING	<b>Transaction ID:</b> 2009M04L21a00116 <b>Date of Disbursement</b>																				
Mailing Address 1401 N TAFT ST 221	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City ARLINGTON State VA Zip Code 22201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PER DIEM	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JOSH BOWLING	<b>Transaction ID:</b> 2009M04L21a00117 <b>Date of Disbursement</b>																				
Mailing Address 1401 N TAFT ST 221	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City ARLINGTON State VA Zip Code 22201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PER DIEM	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JOSH BOWLING	<b>Transaction ID:</b> 2009M04L21a00118 <b>Date of Disbursement</b>																				
Mailing Address 1401 N TAFT ST 221	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City ARLINGTON State VA Zip Code 22201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PER DIEM	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**300.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) PARISH BRADEN	<b>Transaction ID:</b> 2009M04L21a00119 <b>Date of Disbursement</b>																				
Mailing Address 700 7TH ST SW APT 710	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City WASHINGTON State DC Zip Code 20024	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>8.50</td> </tr> </table>	8.50																			
8.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) REP PARTY OF OREGON	<b>Transaction ID:</b> 2009M04L21a00119m <b>Date of Disbursement</b>																				
Mailing Address PO BOX 789	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City SALEM State OR Zip Code 97308	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>8.50</td> </tr> </table>	8.50																			
8.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PARISH BRADEN	<b>Transaction ID:</b> 2009M04L21a00120 <b>Date of Disbursement</b>																				
Mailing Address 700 7TH ST SW APT 710	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City WASHINGTON State DC Zip Code 20024	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>8.51</td> </tr> </table>	8.51																			
8.51																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

17.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1480 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>CREPE MAKER</b></p> <p>Mailing Address <b>17 S. FT. LAUDERDALE BEACH BLV #112</b></p> <p>City <b>FT. LAUDERDALE</b> State <b>FL</b> Zip Code <b>33316</b></p> <p>Purpose of Disbursement  <b>MEALS</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00120m  <b>Date of Disbursement</b>  <div> <div>03</div> <div>26</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>8.51</div></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>PARISH BRADEN</b></p> <p>Mailing Address <b>700 7TH ST SW APT 710</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20024</b></p> <p>Purpose of Disbursement  <b>MEALS</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00121  <b>Date of Disbursement</b>  <div> <div>03</div> <div>26</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>14.41</div></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>STARBUCKS, ARLINGTON VA</b></p> <p>Mailing Address <b>1735 N LYNN ST LBBY 20</b></p> <p>City <b>ARLINGTON</b> State <b>VA</b> Zip Code <b>22209-2019</b></p> <p>Purpose of Disbursement  <b>MEALS</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00121m  <b>Date of Disbursement</b>  <div> <div>03</div> <div>26</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>14.41</div></p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**14.41**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1481 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) PARISH BRADEN	<b>Transaction ID:</b> 2009M04L21a00122 <b>Date of Disbursement</b>																				
Mailing Address 700 7TH ST SW APT 710	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20024	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">70.21</td> </tr> </table>	70.21																			
70.21																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) BULLFEATHERS, WASHINGTON DC	<b>Transaction ID:</b> 2009M04L21a00122m <b>Date of Disbursement</b>																				
Mailing Address 410 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">70.21</td> </tr> </table>	70.21																			
70.21																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PARISH BRADEN	<b>Transaction ID:</b> 2009M04L21a00123 <b>Date of Disbursement</b>																				
Mailing Address 700 7TH ST SW APT 710	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20024	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PARKING	<table border="1"> <tr> <td colspan="10">3.50</td> </tr> </table>	3.50																			
3.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

73.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1482 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) PARISH BRADEN	<b>Transaction ID:</b> 2009M04L21a00124 <b>Date of Disbursement</b>																				
Mailing Address 700 7TH ST SW APT 710	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20024	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TAXI	<table border="1"> <tr> <td>8.25</td> </tr> </table>	8.25																			
8.25																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) PARISH BRADEN	<b>Transaction ID:</b> 2009M04L21a00125 <b>Date of Disbursement</b>																				
Mailing Address 700 7TH ST SW APT 710	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20024	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TAXI	<table border="1"> <tr> <td>12.00</td> </tr> </table>	12.00																			
12.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PARISH BRADEN	<b>Transaction ID:</b> 2009M04L21a00126 <b>Date of Disbursement</b>																				
Mailing Address 700 7TH ST SW APT 710	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20024	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TAXI	<table border="1"> <tr> <td>21.00</td> </tr> </table>	21.00																			
21.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

41.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1483 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) PARISH BRADEN	<b>Transaction ID:</b> 2009M04L21a00127 <b>Date of Disbursement</b>																				
Mailing Address 700 7TH ST SW APT 710	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City WASHINGTON State DC Zip Code 20024	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TAXI	<table border="1"> <tr> <td colspan="10">23.00</td> </tr> </table>	23.00																			
23.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) PARISH BRADEN	<b>Transaction ID:</b> 2009M04L21a00128 <b>Date of Disbursement</b>																				
Mailing Address 700 7TH ST SW APT 710	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City WASHINGTON State DC Zip Code 20024	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TAXI	<table border="1"> <tr> <td colspan="10">37.00</td> </tr> </table>	37.00																			
37.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PARISH BRADEN	<b>Transaction ID:</b> 2009M04L21a00129 <b>Date of Disbursement</b>																				
Mailing Address 700 7TH ST SW APT 710	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	9													
City WASHINGTON State DC Zip Code 20024	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TAXI	<table border="1"> <tr> <td colspan="10">80.65</td> </tr> </table>	80.65																			
80.65																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

140.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1484 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 THE BREAKERS PALM BEACH

Mailing Address ONE SOUTH COUNTY ROAD

City PALM BEACH State FL Zip Code 33480

Purpose of Disbursement  
 CATERING, LODGING, A/V RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2009M04L21a00130

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10660.29

**B.** Full Name (Last, First, Middle Initial)  
 THE BREAKERS PALM BEACH

Mailing Address ONE SOUTH COUNTY ROAD

City PALM BEACH State FL Zip Code 33480

Purpose of Disbursement  
 CATERING, LODGING, A/V RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2009M04L21a00131

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10660.29

**C.** Full Name (Last, First, Middle Initial)  
 THE BREAKERS PALM BEACH

Mailing Address ONE SOUTH COUNTY ROAD

City PALM BEACH State FL Zip Code 33480

Purpose of Disbursement  
 CATERING, LODGING, A/V RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2009M04L21a00132

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10660.29

**SUBTOTAL** of Disbursements This Page (optional) .....

31980.87

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1485 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) B SMITH INTERIORS	<b>Transaction ID:</b> 2009M04L21a00133 <b>Date of Disbursement</b>																				
Mailing Address 2000 CONNECTICUT AVE NW SUITE 413	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20008	Amount of Each Disbursement this Period																				
Purpose of Disbursement BUILDING MAINTENANCE Candidate Name	<table border="1"> <tr> <td colspan="10">132.18</td> </tr> </table>	132.18																			
132.18																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Full Name (Last, First, Middle Initial) B SMITH INTERIORS	<b>Transaction ID:</b> 2009M04L21a00134 <b>Date of Disbursement</b>																				
Mailing Address 2000 CONNECTICUT AVE NW SUITE 413	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20008	Amount of Each Disbursement this Period																				
Purpose of Disbursement BUILDING MAINTENANCE Candidate Name	<table border="1"> <tr> <td colspan="10">544.88</td> </tr> </table>	544.88																			
544.88																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Full Name (Last, First, Middle Initial) B SMITH INTERIORS	<b>Transaction ID:</b> 2009M04L21a00135 <b>Date of Disbursement</b>																				
Mailing Address 2000 CONNECTICUT AVE NW SUITE 413	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20008	Amount of Each Disbursement this Period																				
Purpose of Disbursement BUILDING MAINTENANCE Candidate Name	<table border="1"> <tr> <td colspan="10">3109.07</td> </tr> </table>	3109.07																			
3109.07																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3786.13**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1486 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**B SMITH INTERIORS**

Mailing Address **2000 CONNECTICUT AVE NW  
 SUITE 413**

City **WASHINGTON** State **DC** Zip Code **20008**

Purpose of Disbursement  
**BUILDING MAINTENANCE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00136**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**3338.76**

**B.**

Full Name (Last, First, Middle Initial)

**B SMITH INTERIORS**

Mailing Address **2000 CONNECTICUT AVE NW  
 SUITE 413**

City **WASHINGTON** State **DC** Zip Code **20008**

Purpose of Disbursement  
**BUILDING MAINTENANCE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00137**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**6047.02**

**C.**

Full Name (Last, First, Middle Initial)

**B SMITH INTERIORS**

Mailing Address **2000 CONNECTICUT AVE NW  
 SUITE 413**

City **WASHINGTON** State **DC** Zip Code **20008**

Purpose of Disbursement  
**BUILDING MAINTENANCE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00138**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**8614.78**

**SUBTOTAL** of Disbursements This Page (optional) .....

**18000.56**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1487 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>BUDGET RENT A CAR SYSTEMS,INC</b>	<b>Transaction ID:</b> 2009M04L21a00139 <b>Date of Disbursement</b>																				
<b>Mailing Address</b> <b>DAMAGE CLAIMS DEPT</b> <b>PO BOX 403962</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
<b>City</b> <b>ATLANTA</b> <b>State</b> <b>GA</b> <b>Zip Code</b> <b>30384</b>	<b>Amount of Each Disbursement this Period</b>																				
<b>Purpose of Disbursement</b> <b>CAR RENTAL</b>	<table border="1"> <tr> <td colspan="10">42.69</td> </tr> </table>	42.69																			
42.69																					
<b>Candidate Name</b>	<b>Category/Type</b>																				
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <b>District:</b>	<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>BUDGET RENT A CAR SYSTEMS,INC</b>	<b>Transaction ID:</b> 2009M04L21a00140 <b>Date of Disbursement</b>																				
<b>Mailing Address</b> <b>DAMAGE CLAIMS DEPT</b> <b>PO BOX 403962</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
<b>City</b> <b>ATLANTA</b> <b>State</b> <b>GA</b> <b>Zip Code</b> <b>30384</b>	<b>Amount of Each Disbursement this Period</b>																				
<b>Purpose of Disbursement</b> <b>CAR RENTAL</b>	<table border="1"> <tr> <td colspan="10">248.44</td> </tr> </table>	248.44																			
248.44																					
<b>Candidate Name</b>	<b>Category/Type</b>																				
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <b>District:</b>	<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>BUDGET RENT A CAR SYSTEMS,INC</b>	<b>Transaction ID:</b> 2009M04L21a00141 <b>Date of Disbursement</b>																				
<b>Mailing Address</b> <b>DAMAGE CLAIMS DEPT</b> <b>PO BOX 403962</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
<b>City</b> <b>ATLANTA</b> <b>State</b> <b>GA</b> <b>Zip Code</b> <b>30384</b>	<b>Amount of Each Disbursement this Period</b>																				
<b>Purpose of Disbursement</b> <b>CAR RENTAL</b>	<table border="1"> <tr> <td colspan="10">326.95</td> </tr> </table>	326.95																			
326.95																					
<b>Candidate Name</b>	<b>Category/Type</b>																				
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <b>District:</b>	<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**618.08**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1488 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 BUDGET RENT A CAR SYSTEMS, INC

**Transaction ID:** 2009M04L21a00142

Date of Disbursement

/   /

Mailing Address  
 DAMAGE CLAIMS DEPT  
 PO BOX 403962

City ATLANTA State GA Zip Code 30384

Purpose of Disbursement  
 CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

405.06

**B.**

Full Name (Last, First, Middle Initial)  
 BUDGET RENT A CAR SYSTEMS, INC

**Transaction ID:** 2009M04L21a00143

Date of Disbursement

/   /

Mailing Address  
 DAMAGE CLAIMS DEPT  
 PO BOX 403962

City ATLANTA State GA Zip Code 30384

Purpose of Disbursement  
 CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

665.80

**C.**

Full Name (Last, First, Middle Initial)  
 BUDGET RENT A CAR SYSTEMS, INC

**Transaction ID:** 2009M04L21a00144

Date of Disbursement

/   /

Mailing Address  
 DAMAGE CLAIMS DEPT  
 PO BOX 403962

City ATLANTA State GA Zip Code 30384

Purpose of Disbursement  
 CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

728.94

**SUBTOTAL** of Disbursements This Page (optional) .....

1799.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1489 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**DAVID BURKE**

Mailing Address **P O BOX 2846**

City  
**WESTPORT**

State  
**CT**

Zip Code  
**68803**

Purpose of Disbursement  
**AIR FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00145**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**679.20**

**B.**

Full Name (Last, First, Middle Initial)

**US AIRWAYS**

Mailing Address **5620 UNIVERSITY PKWY**

City  
**WINSTON SALEM**

State  
**NC**

Zip Code  
**27105**

Purpose of Disbursement  
**AIR FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00145m**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**679.20**

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

**DAVID BURKE**

Mailing Address **P O BOX 2846**

City  
**WESTPORT**

State  
**CT**

Zip Code  
**68803**

Purpose of Disbursement  
**MEALS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00146**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**4.42**

**SUBTOTAL** of Disbursements This Page (optional) .....

**683.62**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1490 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DUNKIN DONUTS, FLUSHING NY	<b>Transaction ID:</b> 2009M04L21a00146m <b>Date of Disbursement</b>
Mailing Address PA ADMINISTRATION BLDG	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City FLUSHING State NY Zip Code 01371	<b>Amount of Each Disbursement this Period</b> <div>4.42</div>
Purpose of Disbursement MEALS	<div></div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) DAVID BURKE	<b>Transaction ID:</b> 2009M04L21a00147 <b>Date of Disbursement</b>
Mailing Address P O BOX 2846	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City WESTPORT State CT Zip Code 68803	<b>Amount of Each Disbursement this Period</b> <div>6.59</div>
Purpose of Disbursement MEALS	<div></div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) ORGANIC TO GO	<b>Transaction ID:</b> 2009M04L21a00147m <b>Date of Disbursement</b>
Mailing Address 927 15TH ST NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20004	<b>Amount of Each Disbursement this Period</b> <div>6.59</div>
Purpose of Disbursement MEALS	<div></div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

6.59

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1491 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DAVID BURKE

Mailing Address P O BOX 2846

City  
 WESTPORT

State  
 CT

Zip Code  
 68803

Purpose of Disbursement  
 OFFICE SUPPLIES

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00148

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2.00

**B.**

Full Name (Last, First, Middle Initial)

USA TODAY, FLUSHING NY

Mailing Address PA ADMINISTRATION BLDG  
 HUNGAR 7C

City  
 FLUSHING

State  
 NY

Zip Code  
 11371

Purpose of Disbursement  
 OFFICE SUPPLIES

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00148m

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

DAVID BURKE

Mailing Address P O BOX 2846

City  
 WESTPORT

State  
 CT

Zip Code  
 68803

Purpose of Disbursement  
 TAXI

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00149

Date of Disbursement

/   /

Amount of Each Disbursement this Period

44.00

**SUBTOTAL** of Disbursements This Page (optional) .....

46.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1492 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**MATTHEW BURNS**

Mailing Address **250 6TH STREET EAST  
 #432**

City **ST PAUL** State **MN** Zip Code **55101**

Purpose of Disbursement  
**CONSULTING-SPEECH WRITING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00150**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**5000.00**

**B.**

Full Name (Last, First, Middle Initial)

**CAMPAIGN SOLUTIONS/THE**

Mailing Address **DONATELLI GROUP  
 118 NORTH SAINT ASAPH STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement  
**GRAPHIC SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00151**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**2800.00**

**C.**

Full Name (Last, First, Middle Initial)

**CAMPAIGN SOLUTIONS/THE**

Mailing Address **DONATELLI GROUP  
 118 NORTH SAINT ASAPH STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement  
**LIST RENTAL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00152**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**15000.00**

**SUBTOTAL** of Disbursements This Page (optional) .....

**22800.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1493 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 CATERING COST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00153

Date of Disbursement

/   /

Amount of Each Disbursement this Period

146.68

**B.**

Full Name (Last, First, Middle Initial)

CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 CATERING COST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00154

Date of Disbursement

/   /

Amount of Each Disbursement this Period

528.00

**C.**

Full Name (Last, First, Middle Initial)

CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00155

Date of Disbursement

/   /

Amount of Each Disbursement this Period

34.08

**SUBTOTAL** of Disbursements This Page (optional) .....

708.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1494 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	<b>Transaction ID:</b> 2009M04L21a00156 <b>Date of Disbursement</b>																				
Mailing Address 300 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">91.51</td> </tr> </table>	91.51																			
91.51																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	<b>Transaction ID:</b> 2009M04L21a00157 <b>Date of Disbursement</b>																				
Mailing Address 300 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">146.68</td> </tr> </table>	146.68																			
146.68																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	<b>Transaction ID:</b> 2009M04L21a00158 <b>Date of Disbursement</b>																				
Mailing Address 300 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">342.01</td> </tr> </table>	342.01																			
342.01																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**580.20**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1495 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00159

Date of Disbursement

/   /

Amount of Each Disbursement this Period

378.83

**B.**

Full Name (Last, First, Middle Initial)

CAPITOL HILL SUITES

Mailing Address 200 C. STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00160

Date of Disbursement

/   /

Amount of Each Disbursement this Period

204.96

**C.**

Full Name (Last, First, Middle Initial)

CAPITOL HILL SUITES

Mailing Address 200 C. STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00161

Date of Disbursement

/   /

Amount of Each Disbursement this Period

204.96

**SUBTOTAL** of Disbursements This Page (optional) .....

788.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1496 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL SUITES	<b>Transaction ID:</b> 2009M04L21a00162 <b>Date of Disbursement</b>																				
Mailing Address 200 C. STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>204.96</td> </tr> </table>	204.96																			
204.96																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL SUITES	<b>Transaction ID:</b> 2009M04L21a00163 <b>Date of Disbursement</b>																				
Mailing Address 200 C. STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>204.96</td> </tr> </table>	204.96																			
204.96																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL SUITES	<b>Transaction ID:</b> 2009M04L21a00164 <b>Date of Disbursement</b>																				
Mailing Address 200 C. STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>209.00</td> </tr> </table>	209.00																			
209.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**618.92**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1497 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL SUITES	<b>Transaction ID:</b> 2009M04L21a00165 <b>Date of Disbursement</b>																				
Mailing Address 200 C. STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>6</td><td>2</td><td>7</td><td>.</td><td>0</td><td>0</td> </tr> </table>	6	2	7	.	0	0														
6	2	7	.	0	0																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL SUITES	<b>Transaction ID:</b> 2009M04L21a00166 <b>Date of Disbursement</b>																				
Mailing Address 200 C. STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>1</td><td>2</td><td>5</td><td>.</td><td>4</td><td>.</td><td>0</td><td>0</td> </tr> </table>	1	2	5	.	4	.	0	0												
1	2	5	.	4	.	0	0														
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL SUITES	<b>Transaction ID:</b> 2009M04L21a00167 <b>Date of Disbursement</b>																				
Mailing Address 200 C. STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>1</td><td>2</td><td>5</td><td>.</td><td>4</td><td>.</td><td>0</td><td>0</td> </tr> </table>	1	2	5	.	4	.	0	0												
1	2	5	.	4	.	0	0														
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3135.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1498 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) CD INC Mailing Address P O BOX 1877	<b>Transaction ID:</b> 2009M04L21a00168 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22313 Purpose of Disbursement INTERNET SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>7372.37</div>
<b>B.</b> Full Name (Last, First, Middle Initial) CD INC Mailing Address P O BOX 1877 City ALEXANDRIA State VA Zip Code 22313 Purpose of Disbursement INTERNET SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00169 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>12205.99</div>
<b>C.</b> Full Name (Last, First, Middle Initial) CD INC Mailing Address P O BOX 1877 City ALEXANDRIA State VA Zip Code 22313 Purpose of Disbursement INTERNET SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00170 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>17000.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**36578.36**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1500 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 CHAPEL VALLEY LANDSCAPE

Mailing Address P OO BOX 159

City State Zip Code  
 WOODBINE MD 21797

Purpose of Disbursement  
 LAWN CARE MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00174  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

515.00

**B.**

Full Name (Last, First, Middle Initial)  
 CHIPPEWA VALLEY SCHOOLS

Mailing Address 19120 CASS AVENUE

City State Zip Code  
 CLINTON TWP MI 48038

Purpose of Disbursement  
 TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00175  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

159.10

**C.**

Full Name (Last, First, Middle Initial)  
 CHIPPEWA VALLEY SCHOOLS

Mailing Address 19120 CASS AVENUE

City State Zip Code  
 CLINTON TWP MI 48038

Purpose of Disbursement  
 TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00176  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

159.10

**SUBTOTAL** of Disbursements This Page (optional) .....

833.20

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1501 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 CHIPPEWA VALLEY SCHOOLS

Mailing Address 19120 CASS AVENUE

City CLINTON TWP State MI Zip Code 48038

Purpose of Disbursement  
 TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00177  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

159.10

**B.**

Full Name (Last, First, Middle Initial)  
 CHRYSLER

Mailing Address P O BOX 91703

City CHICAGO State IL Zip Code 60693

Purpose of Disbursement  
 VEHICLE LEASING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00178  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

480.00

**C.**

Full Name (Last, First, Middle Initial)  
 CIGNA GROUP INSURANCE

Mailing Address LINA  
 PO BOX 13701

City PHILADELPHIA State PA Zip Code 19101

Purpose of Disbursement  
 INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00179  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

339.51

**SUBTOTAL** of Disbursements This Page (optional) .....

978.61

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1503 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE	<b>Transaction ID:</b> 2009M04L21a00183 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement DATA ENTRY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>403.27</div>
<b>B.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement DATA ENTRY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00184 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>8447.54</div>
<b>C.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement EQUIPMENT ACCESS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00185 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>620.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**9470.81**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1504 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
 EQUIPMENT ACCESS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2009M04L21a00186

Date of Disbursement

/   /

Amount of Each Disbursement this Period

930.00

**B.**

Full Name (Last, First, Middle Initial)  
 CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
 FILE MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2009M04L21a00187

Date of Disbursement

/   /

Amount of Each Disbursement this Period

17.20

**C.**

Full Name (Last, First, Middle Initial)  
 CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
 FILE MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2009M04L21a00188

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

**SUBTOTAL** of Disbursements This Page (optional) .....

997.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1505 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
 FILE MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2009M04L21a00189

Date of Disbursement

/   /

Amount of Each Disbursement this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)  
 CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
 FILE MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2009M04L21a00190

Date of Disbursement

/   /

Amount of Each Disbursement this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)  
 CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
 FILE MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2009M04L21a00191

Date of Disbursement

/   /

Amount of Each Disbursement this Period

75.00

**SUBTOTAL** of Disbursements This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1506 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**CMDI**

Mailing Address **7704 LEESBURG PIKE**

City **FALLS CHURCH** State **VA** Zip Code **22043**

Purpose of Disbursement  
**FILE MAINTENANCE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00192  
**Date of Disbursement**

/   /

**Amount of Each Disbursement this Period**

**75.00**

**B.**

Full Name (Last, First, Middle Initial)  
**CMDI**

Mailing Address **7704 LEESBURG PIKE**

City **FALLS CHURCH** State **VA** Zip Code **22043**

Purpose of Disbursement  
**FILE MAINTENANCE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00193  
**Date of Disbursement**

/   /

**Amount of Each Disbursement this Period**

**100.00**

**C.**

Full Name (Last, First, Middle Initial)  
**CMDI**

Mailing Address **7704 LEESBURG PIKE**

City **FALLS CHURCH** State **VA** Zip Code **22043**

Purpose of Disbursement  
**FILE MAINTENANCE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00194  
**Date of Disbursement**

/   /

**Amount of Each Disbursement this Period**

**100.00**

**SUBTOTAL** of Disbursements This Page (optional) .....

**275.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1507 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CMDI	<b>Transaction ID:</b> 2009M04L21a00195 <b>Date of Disbursement</b>																				
Mailing Address 7704 LEESBURG PIKE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City FALLS CHURCH State VA Zip Code 22043	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement FILE MAINTENANCE Candidate Name	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CMDI	<b>Transaction ID:</b> 2009M04L21a00196 <b>Date of Disbursement</b>																				
Mailing Address 7704 LEESBURG PIKE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City FALLS CHURCH State VA Zip Code 22043	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement FILE MAINTENANCE Candidate Name	<table border="1"> <tr> <td colspan="10">106.86</td> </tr> </table>	106.86																			
106.86																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CMDI	<b>Transaction ID:</b> 2009M04L21a00197 <b>Date of Disbursement</b>																				
Mailing Address 7704 LEESBURG PIKE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City FALLS CHURCH State VA Zip Code 22043	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement FILE MAINTENANCE Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**331.86**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1508 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
 FILE MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00198  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)  
 CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
 FILE MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00199  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
 CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
 FILE MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00200  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

225.00

**SUBTOTAL** of Disbursements This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1509 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
 FILE MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00201  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
 CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
 FILE MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00202  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

271.79

**C.**

Full Name (Last, First, Middle Initial)  
 CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
 FILE MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00203  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

**SUBTOTAL** of Disbursements This Page (optional) .....

821.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1510 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE	<b>Transaction ID:</b> 2009M04L21a00204 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>363.36</div>
<b>B.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00205 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>390.51</div>
<b>C.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00206 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>532.34</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1286.21**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1511 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CMDI	<b>Transaction ID:</b> 2009M04L21a00207 <b>Date of Disbursement</b>																				
Mailing Address 7704 LEESBURG PIKE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City FALLS CHURCH State VA Zip Code 22043	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement FILE MAINTENANCE	<table border="1"> <tr> <td>650.94</td> </tr> </table>	650.94																			
650.94																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CMDI	<b>Transaction ID:</b> 2009M04L21a00208 <b>Date of Disbursement</b>																				
Mailing Address 7704 LEESBURG PIKE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City FALLS CHURCH State VA Zip Code 22043	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement FILE MAINTENANCE	<table border="1"> <tr> <td>853.38</td> </tr> </table>	853.38																			
853.38																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CMDI	<b>Transaction ID:</b> 2009M04L21a00209 <b>Date of Disbursement</b>																				
Mailing Address 7704 LEESBURG PIKE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City FALLS CHURCH State VA Zip Code 22043	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement FILE MAINTENANCE	<table border="1"> <tr> <td>854.50</td> </tr> </table>	854.50																			
854.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2358.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1512 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE	<b>Transaction ID:</b> 2009M04L21a00210 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1046.33</div>
<b>B.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00211 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>3048.44</div>
<b>C.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00212 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>3299.06</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**7393.83**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1514 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
 FILE MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00216  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

8081.88

**B.**

Full Name (Last, First, Middle Initial)  
 CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
 FILE MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00217  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

9718.52

**C.**

Full Name (Last, First, Middle Initial)  
 CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
 FILE MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00218  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

11813.16

**SUBTOTAL** of Disbursements This Page (optional) .....

29613.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1515 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE	<b>Transaction ID:</b> 2009M04L21a00219 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>38873.82</div>
<b>B.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement LIST EXCHANGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00220 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>165.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement LIST EXCHANGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00221 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>223.44</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

39262.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1516 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
LIST EXCHANGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00222  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

410.00

**B.**

Full Name (Last, First, Middle Initial)  
CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
STORAGE COST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00223  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

2016.34

**C.**

Full Name (Last, First, Middle Initial)  
COGNITIVE DATA, INC

Mailing Address PMB 132  
300 S. RODNEY PARHAM RD,STE 1

City LITTLE ROCK State AR Zip Code 72205

Purpose of Disbursement  
DATA PROCESSING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00224  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

628.62

**SUBTOTAL** of Disbursements This Page (optional) .....

3054.96

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1517 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) COGNITIVE DATA, INC <hr/> Mailing Address PMB 132 300 S. RODNEY PARHAM RD,STE 1 <hr/> City LITTLE ROCK State AR Zip Code 72205 <hr/> Purpose of Disbursement DATA PROCESSING Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 2009M04L21a00225 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M</span> <span>D D</span> <span>Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 3</span> <span>0 5</span> <span>2 0 0 9</span> </div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">1321.38</div>
<b>B.</b> Full Name (Last, First, Middle Initial) COGNITIVE DATA, INC <hr/> Mailing Address PMB 132 300 S. RODNEY PARHAM RD,STE 1 <hr/> City LITTLE ROCK State AR Zip Code 72205 <hr/> Purpose of Disbursement DATA PROCESSING Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 2009M04L21a00226 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M</span> <span>D D</span> <span>Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 3</span> <span>2 6</span> <span>2 0 0 9</span> </div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">1690.10</div>
<b>C.</b> Full Name (Last, First, Middle Initial) COGNITIVE DATA, INC <hr/> Mailing Address PMB 132 300 S. RODNEY PARHAM RD,STE 1 <hr/> City LITTLE ROCK State AR Zip Code 72205 <hr/> Purpose of Disbursement DATA PROCESSING Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 2009M04L21a00227 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M</span> <span>D D</span> <span>Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 3</span> <span>3 0</span> <span>2 0 0 9</span> </div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">4430.88</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**7442.36**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1519 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 COMMUNICATIONS CORPORATION

Mailing Address OF AMERICA  
 13195 FREEDOM WAY

City BOSTON State VA Zip Code 22713

Purpose of Disbursement  
 PAPER SUPPLY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00231

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10878.13

**B.**

Full Name (Last, First, Middle Initial)  
 COMMUNICATIONS CORPORATION

Mailing Address OF AMERICA  
 13195 FREEDOM WAY

City BOSTON State VA Zip Code 22713

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00232

Date of Disbursement

/   /

Amount of Each Disbursement this Period

180.00

**C.**

Full Name (Last, First, Middle Initial)  
 COMMUNICATIONS CORPORATION

Mailing Address OF AMERICA  
 13195 FREEDOM WAY

City BOSTON State VA Zip Code 22713

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00233

Date of Disbursement

/   /

Amount of Each Disbursement this Period

16251.03

**SUBTOTAL** of Disbursements This Page (optional) .....

27309.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1520 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 COMMUNICATIONS CORPORATION

Mailing Address OF AMERICA  
 13195 FREEDOM WAY

City BOSTON State VA Zip Code 22713

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00234  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

334971.67

**B.** Full Name (Last, First, Middle Initial)  
 COMMUNICATIONS CORPORATION

Mailing Address OF AMERICA  
 13195 FREEDOM WAY

City BOSTON State VA Zip Code 22713

Purpose of Disbursement  
 PRINT,MAIL PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00235  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

16354.65

**C.** Full Name (Last, First, Middle Initial)  
 COMMUNICATIONS CORPORATION

Mailing Address OF AMERICA  
 13195 FREEDOM WAY

City BOSTON State VA Zip Code 22713

Purpose of Disbursement  
 PRINT,MAIL PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00236  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

197709.00

**SUBTOTAL** of Disbursements This Page (optional) .....

549035.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1521 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 COMMUNICATIONS ENGINEERING, INC

Mailing Address 8500 CINDER BED RD  
 SUITE 100

City NEWINGTON State VA Zip Code 22122-8500

Purpose of Disbursement  
 EQUIPMENT MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00237

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

465.30

**B.** Full Name (Last, First, Middle Initial)  
 COMMUNICATIONS ENGINEERING, INC

Mailing Address 8500 CINDER BED RD  
 SUITE 100

City NEWINGTON State VA Zip Code 22122-8500

Purpose of Disbursement  
 EQUIPMENT MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00238

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

465.30

**C.** Full Name (Last, First, Middle Initial)  
 COMMUNICATIONS ENGINEERING, INC

Mailing Address 8500 CINDER BED RD  
 SUITE 100

City NEWINGTON State VA Zip Code 22122-8500

Purpose of Disbursement  
 EQUIPMENT MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00239

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

465.30

**SUBTOTAL** of Disbursements This Page (optional) .....

1395.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1522 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) COMPANY FLOWERS	<b>Transaction ID:</b> 2009M04L21a00240 <b>Date of Disbursement</b>																				
Mailing Address 2107 N. POLLARD STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement FLOWERS	<table border="1"> <tr> <td colspan="10">345.63</td> </tr> </table>	345.63																			
345.63																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CONGRESSIONAL LIQUORS	<b>Transaction ID:</b> 2009M04L21a00241 <b>Date of Disbursement</b>																				
Mailing Address 404 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td colspan="10">135.33</td> </tr> </table>	135.33																			
135.33																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CONGRESSIONAL LIQUORS	<b>Transaction ID:</b> 2009M04L21a00242 <b>Date of Disbursement</b>																				
Mailing Address 404 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td colspan="10">157.12</td> </tr> </table>	157.12																			
157.12																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**638.08**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1523 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BELINDA COOK Mailing Address 113 REMINGTON CRT	<b>Transaction ID:</b> 2009M04L21a00243 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City CENTREVILLE State MD Zip Code 21617 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>109.60</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES Mailing Address P O BOX 36611 City DALLAS State TX Zip Code 75235 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00243m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>109.60</div> <div>Category/Type</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) BELINDA COOK Mailing Address 113 REMINGTON CRT City CENTREVILLE State MD Zip Code 21617 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00244 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>493.60</div> <div>Category/Type</div>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>603.20</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AIRTRAN AIRWAYS	<b>Transaction ID:</b> 2009M04L21a00244m <b>Date of Disbursement</b>
Mailing Address 1800 PHOENIX BLVD STE 126	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City ATLANTA State GA Zip Code 30349	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE	<div>493.60</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) BELINDA COOK	<b>Transaction ID:</b> 2009M04L21a00245 <b>Date of Disbursement</b>
Mailing Address 113 REMINGTON CRT	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City CENTREVILLE State MD Zip Code 21617	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>68.95</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) GRAULS, ANNAPOLIS MD	<b>Transaction ID:</b> 2009M04L21a00245m <b>Date of Disbursement</b>
Mailing Address 607 TAYLOR AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City ANNAPOLIS State MD Zip Code 21401	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>68.95</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

68.95

**TOTAL** This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**[MEMO ITEM]**

75.00

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BELINDA COOK	<b>Transaction ID:</b> 2009M04L21a00250 <b>Date of Disbursement</b>
Mailing Address 113 REMINGTON CRT	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City CENTREVILLE State MD Zip Code 21617	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PARKING	<div>80.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) BELINDA COOK	<b>Transaction ID:</b> 2009M04L21a00251 <b>Date of Disbursement</b>
Mailing Address 113 REMINGTON CRT	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City CENTREVILLE State MD Zip Code 21617	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TIPS	<div>21.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) CORPORATE CARE	<b>Transaction ID:</b> 2009M04L21a00252 <b>Date of Disbursement</b>
Mailing Address 3530 WEST T. C. JESTER	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City HOUSTON State TX Zip Code 77018-5047	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CARPET CLEANING	<div>1214.33</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**1315.33**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

6551.85

6941.33

10009.15

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) <b>COVINGTON &amp; BURLING LLP</b>	<b>Transaction ID:</b> 2009M04L21a00256 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>03 / 11 / 2009</div> </div>	
Mailing Address    1201 PENNSYLVANIA AVE NW	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">16928.72</div>	
<div>City <b>WASHINGTON</b></div> <div>State <b>DC</b></div> <div>Zip Code <b>20004</b></div>		
<div style="flex: 1;">           Purpose of Disbursement  <b>LEGAL CONSULTING</b> </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">             Category/ Type           </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                  District:		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>COVINGTON &amp; BURLING LLP</b>		<b>Transaction ID:</b> 2009M04L21a00257 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>03 / 26 / 2009</div> </div>
Mailing Address    1201 PENNSYLVANIA AVE NW	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">23655.76</div>	
<div>City <b>WASHINGTON</b></div> <div>State <b>DC</b></div> <div>Zip Code <b>20004</b></div>		
<div style="flex: 1;">           Purpose of Disbursement  <b>LEGAL CONSULTING</b> </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">             Category/ Type           </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                  District:		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>CRAWFORD COMMUNICATIONS, INC.</b>		<b>Transaction ID:</b> 2009M04L21a00258 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>03 / 11 / 2009</div> </div>
Mailing Address <b>ATTN: ACCOUNTS RECEIVABLE</b> <b>3845 PLEASANTDALE RD</b>	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">990.00</div>	
<div>City <b>ATLANTA</b></div> <div>State <b>GA</b></div> <div>Zip Code <b>30340</b></div>		
<div style="flex: 1;">           Purpose of Disbursement  <b>SATELLITE SERVICES</b> </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">             Category/ Type           </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                  District:		
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶		<div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">41574.48</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1530 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**CRAWFORD COMMUNICATIONS, INC.**

Mailing Address **ATTN: ACCOUNTS RECEIVABLE**  
**3845 PLEASANTDALE RD**

City **ATLANTA** State **GA** Zip Code **30340**

Purpose of Disbursement  
**SATELLITE SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00259  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**9295.00**

**B.** Full Name (Last, First, Middle Initial)  
**TIM CRAWFORD**

Mailing Address **6165 MORI STREET**

City **MCLEAN** State **VA** Zip Code **22101**

Purpose of Disbursement  
**CONSULTING-STAFF ASSISTANT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00260  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**13500.00**

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM CROZER**

Mailing Address **1301 M ST NW**

City **WASHINGTON** State **DC** Zip Code **20005**

Purpose of Disbursement  
**MEALS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00261  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**439.28**

**SUBTOTAL** of Disbursements This Page (optional) .....

**23234.28**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1531 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THE OCEANAIRE

Mailing Address 1201 F STREET,NW

City  
 WASHINGTON

State  
 DC

Zip Code  
 20004

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00261m

Date of Disbursement

/   /

Amount of Each Disbursement this Period

439.28

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

DATAWATCH SYSTEMS, INC

Mailing Address P O BOX 79845

City  
 BALTIMORE

State  
 MD

Zip Code  
 21279

Purpose of Disbursement  
 SECURITY MAINTENANCE

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00262

Date of Disbursement

/   /

Amount of Each Disbursement this Period

133.94

**C.**

Full Name (Last, First, Middle Initial)

D.C TREASURER SALES & USE TAX

Mailing Address PO BOX 96384

City  
 WASHINGTON

State  
 DC

Zip Code  
 20090

Purpose of Disbursement  
 SALES & USE TAX

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00263

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2.30

**SUBTOTAL** of Disbursements This Page (optional) .....

136.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1532 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 D.C TREASURER SALES & USE TAX

Mailing Address PO BOX 96384

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement  
 SALES & USE TAX

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00264

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

24.93

**B.** Full Name (Last, First, Middle Initial)  
 D.C TREASURER SALES & USE TAX

Mailing Address PO BOX 96384

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement  
 SALES & USE TAX

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00265

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

29.61

**C.** Full Name (Last, First, Middle Initial)  
 D.C TREASURER SALES & USE TAX

Mailing Address PO BOX 96384

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement  
 SALES & USE TAX

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00266

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

43.13

**SUBTOTAL** of Disbursements This Page (optional) .....

97.67

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1533 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 D.C TREASURER SALES & USE TAX

Mailing Address PO BOX 96384

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement  
 SALES & USE TAX

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00267

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

88.86

**B.** Full Name (Last, First, Middle Initial)  
 D.C TREASURER SALES & USE TAX

Mailing Address PO BOX 96384

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement  
 SALES & USE TAX

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00268

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

120.75

**C.** Full Name (Last, First, Middle Initial)  
 D.C TREASURER SALES & USE TAX

Mailing Address PO BOX 96384

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement  
 SALES & USE TAX

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00269

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

128.41

**SUBTOTAL** of Disbursements This Page (optional) .....

338.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1534 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>D.C TREASURER SALES &amp; USE TAX</b>	<b>Transaction ID:</b> 2009M04L21a00270 <b>Date of Disbursement</b>																				
Mailing Address <b>PO BOX 96384</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20090</b> Purpose of Disbursement <b>SALES &amp; USE TAX</b> Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>208.09</td> </tr> </table>	208.09																			
208.09																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>D.C TREASURER SALES &amp; USE TAX</b>	<b>Transaction ID:</b> 2009M04L21a00271 <b>Date of Disbursement</b>																				
Mailing Address <b>PO BOX 96384</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20090</b> Purpose of Disbursement <b>SALES &amp; USE TAX</b> Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>246.58</td> </tr> </table>	246.58																			
246.58																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>D.C TREASURER SALES &amp; USE TAX</b>	<b>Transaction ID:</b> 2009M04L21a00272 <b>Date of Disbursement</b>																				
Mailing Address <b>PO BOX 96384</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20090</b> Purpose of Disbursement <b>SALES &amp; USE TAX</b> Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>714.48</td> </tr> </table>	714.48																			
714.48																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**1169.15**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1535 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**D.C. TREASURER SALES & USE TAX**

Mailing Address **PO BOX 96384**

City **WASHINGTON** State **DC** Zip Code **20090**

Purpose of Disbursement  
**SALES & USE TAX**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00273  
**Date of Disbursement**

/   /

**Amount of Each Disbursement this Period**

**2256.13**

**B.** Full Name (Last, First, Middle Initial)  
**D.C. TREASURER**

Mailing Address **REAL PROPERTY TAX BILL**  
**PO BOX 98095**

City **WASHINGTON** State **DC** Zip Code **20090**

Purpose of Disbursement  
**PROPERTY TAX**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00274  
**Date of Disbursement**

/   /

**Amount of Each Disbursement this Period**

**13213.35**

**C.** Full Name (Last, First, Middle Initial)  
**D.C. TREASURER**

Mailing Address **REAL PROPERTY TAX BILL**  
**PO BOX 98095**

City **WASHINGTON** State **DC** Zip Code **20090**

Purpose of Disbursement  
**PROPERTY TAX**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00275  
**Date of Disbursement**

/   /

**Amount of Each Disbursement this Period**

**159964.65**

**SUBTOTAL** of Disbursements This Page (optional) .....

**175434.13**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1536 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>DC WATER &amp; SEWER AUTHORITY</b></p> <p>Mailing Address <b>CUSTOMER SERVICE DEPT.          PO BOX 97200</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20090</b></p> <p>Purpose of Disbursement  <b>UTILITIES</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00276  <b>Date of Disbursement</b>  <div> <div>03</div> <div>26</div> <div>2009</div> </div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>1733.96</div></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>DELL MARKETING L.P.</b></p> <p>Mailing Address <b>C/O DELL USA L.P.          PO BOX 643561</b></p> <p>City <b>PITTSBURGH</b> State <b>PA</b> Zip Code <b>15264</b></p> <p>Purpose of Disbursement  <b>COMPUTER EQUIPMENT</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00277  <b>Date of Disbursement</b>  <div> <div>03</div> <div>26</div> <div>2009</div> </div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>1144.51</div></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>DELL MARKETING L.P.</b></p> <p>Mailing Address <b>C/O DELL USA L.P.          PO BOX 643561</b></p> <p>City <b>PITTSBURGH</b> State <b>PA</b> Zip Code <b>15264</b></p> <p>Purpose of Disbursement  <b>COMPUTER EQUIPMENT</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00278  <b>Date of Disbursement</b>  <div> <div>03</div> <div>11</div> <div>2009</div> </div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>3118.81</div></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**5997.28**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1537 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 DEMAREE'S PUMPING SVC.

Mailing Address PO BOX 8058

City ROSWELL State NM Zip Code 88202

Purpose of Disbursement  
 PORTA JOHNS RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00279  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

866.70

**B.**

Full Name (Last, First, Middle Initial)  
 DEMAREE'S PUMPING SVC.

Mailing Address PO BOX 8058

City ROSWELL State NM Zip Code 88202

Purpose of Disbursement  
 PORTA JOHNS RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00280  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

1316.10

**C.**

Full Name (Last, First, Middle Initial)  
 DIRECT RESPONSE GROUP

Mailing Address 2340 E. BEARDSLEY RD  
 SUITE 100

City PHOENIX State AZ Zip Code 85024

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00281  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

8019.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10201.80

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1539 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 DONNELLEY MARKETING DIVISION

Mailing Address PO BOX 3603

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
 LIST PROCESSING

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00284  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

920.46

**B.** Full Name (Last, First, Middle Initial)  
 DONNELLEY MARKETING DIVISION

Mailing Address PO BOX 3603

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
 LIST PROCESSING

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00285  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

5770.34

**C.** Full Name (Last, First, Middle Initial)  
 DONNELLEY MARKETING DIVISION

Mailing Address PO BOX 3603

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
 LIST PROCESSING

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00286  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

35934.90

**SUBTOTAL** of Disbursements This Page (optional) .....

42625.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1540 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 DTG OPERATIONS, INC-BOK

Mailing Address  
 THRIFTY CAR RENTAL  
 LOCKBOX 2241

City  
 TULSA

State  
 OK

Zip Code  
 74182

Purpose of Disbursement  
 CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00287  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

249.13

**B.**

Full Name (Last, First, Middle Initial)  
 DTG OPERATIONS, INC-BOK

Mailing Address  
 THRIFTY CAR RENTAL  
 LOCKBOX 2241

City  
 TULSA

State  
 OK

Zip Code  
 74182

Purpose of Disbursement  
 CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00288  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

513.26

**C.**

Full Name (Last, First, Middle Initial)  
 DTG OPERATIONS, INC-BOK

Mailing Address  
 THRIFTY CAR RENTAL  
 LOCKBOX 2241

City  
 TULSA

State  
 OK

Zip Code  
 74182

Purpose of Disbursement  
 CAR RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00289  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

1101.16

**SUBTOTAL** of Disbursements This Page (optional) .....

1863.55

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1541 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JIM DYKE	<b>Transaction ID:</b> 2009M04L21a00290 <b>Date of Disbursement</b>
Mailing Address 438 KING ST SUITE B	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City CHARLESTON State SC Zip Code 29403	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE Candidate Name	<div>694.70</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) US AIRWAYS	<b>Transaction ID:</b> 2009M04L21a00290m <b>Date of Disbursement</b>
Mailing Address 5620 UNIVERSITY PKWY	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City WINSTON SALEM State NC Zip Code 27105	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE Candidate Name	<div>694.70</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) JIM DYKE	<b>Transaction ID:</b> 2009M04L21a00291 <b>Date of Disbursement</b>
Mailing Address 438 KING ST SUITE B	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City CHARLESTON State SC Zip Code 29403	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE Candidate Name	<div>694.70</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**1389.40**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1542 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) US AIRWAYS	<b>Transaction ID:</b> 2009M04L21a00291m <b>Date of Disbursement</b>
Mailing Address 5620 UNIVERSITY PKWY	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City WINSTON SALEM State NC Zip Code 27105	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE	<div>694.70</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) JIM DYKE	<b>Transaction ID:</b> 2009M04L21a00292 <b>Date of Disbursement</b>
Mailing Address 438 KING ST SUITE B	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City CHARLESTON State SC Zip Code 29403	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE	<div>694.70</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) US AIRWAYS	<b>Transaction ID:</b> 2009M04L21a00292m <b>Date of Disbursement</b>
Mailing Address 5620 UNIVERSITY PKWY	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City WINSTON SALEM State NC Zip Code 27105	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE	<div>694.70</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

694.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1543 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**JIM DYKE**

Mailing Address **438 KING ST SUITE B**

City **CHARLESTON** State **SC** Zip Code **29403**

Purpose of Disbursement  
**LODGING, MEALS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: 2009M04L21a00293**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**1281.31**

**B.**

Full Name (Last, First, Middle Initial)

**THE METROPOLITAN CLUB**

Mailing Address **OF THE CITY OF WASHINGTON**  
**1700 H ST NW**

City **WASHINGTON** State **DC** Zip Code **20006**

Purpose of Disbursement  
**LODGING, MEALS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: 2009M04L21a00293m**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**1281.31**

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

**JIM DYKE & ASSOCIATES, INC**

Mailing Address **438 KING STREET**  
**SUITE B**

City **CHARLESTON** State **SC** Zip Code **29403**

Purpose of Disbursement  
**CONSULTING-STAFF ASSISTANT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: 2009M04L21a00294**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**5000.00**

**SUBTOTAL** of Disbursements This Page (optional) .....

**6281.31**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1544 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JIM DYKE & ASSOCIATES, INC	<b>Transaction ID:</b> 2009M04L21a00295 <b>Date of Disbursement</b>																				
Mailing Address 438 KING STREET SUITE B	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City CHARLESTON State SC Zip Code 29403	Amount of Each Disbursement this Period																				
Purpose of Disbursement STAFF CONSULTING Candidate Name	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) E-DONATION.COM	<b>Transaction ID:</b> 2009M04L21a00296 <b>Date of Disbursement</b>																				
Mailing Address 118 NORTH SAINT ASAPH STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANKING FEES Candidate Name	<table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table>	150.00																			
150.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) E-DONATION.COM	<b>Transaction ID:</b> 2009M04L21a00297 <b>Date of Disbursement</b>																				
Mailing Address 118 NORTH SAINT ASAPH STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANKING FEES Candidate Name	<table border="1"> <tr> <td colspan="10">275.00</td> </tr> </table>	275.00																			
275.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5425.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1545 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
JESSICA ENNISMailing Address 116 N CAROLINA AVE SE  
APT 102

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
AIR FARE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00298  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	9	

Amount of Each Disbursement this Period

189.20

**B.**Full Name (Last, First, Middle Initial)  
US AIRWAYS

Mailing Address 5620 UNIVERSITY PKWY

City WINSTON SALEM State NC Zip Code 27105

Purpose of Disbursement  
AIR FARE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00298m  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	9	

Amount of Each Disbursement this Period

189.20

**[MEMO ITEM]****C.**Full Name (Last, First, Middle Initial)  
JESSICA ENNISMailing Address 116 N CAROLINA AVE SE  
APT 102

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
AIR FARE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00299  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	9	

Amount of Each Disbursement this Period

563.50

SUBTOTAL of Disbursements This Page (optional) .....

752.70

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1547 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) EXXON MOBIL	<b>Transaction ID:</b> 2009M04L21a00302 <b>Date of Disbursement</b>																				
Mailing Address PROCESSING CENTER PO BOX 688938	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City DES MOINES State IA Zip Code 50368	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement FUEL	<table border="1"> <tr> <td colspan="10">437.09</td> </tr> </table>	437.09																			
437.09																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) EXXON MOBIL	<b>Transaction ID:</b> 2009M04L21a00303 <b>Date of Disbursement</b>																				
Mailing Address PROCESSING CENTER PO BOX 688938	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	0	9												
City DES MOINES State IA Zip Code 50368	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement FUEL	<table border="1"> <tr> <td colspan="10">463.20</td> </tr> </table>	463.20																			
463.20																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) FED EX	<b>Transaction ID:</b> 2009M04L21a00304 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City PITTSBURGH State PA Zip Code 15250	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement DELIVERY COST	<table border="1"> <tr> <td colspan="10">6.83</td> </tr> </table>	6.83																			
6.83																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**907.12**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1548 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FED EX	<b>Transaction ID:</b> 2009M04L21a00305 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
<table border="1"> <tr> <td>City PITTSBURGH</td> <td>State PA</td> <td>Zip Code 15250</td> </tr> <tr> <td colspan="2">Purpose of Disbursement DELIVERY COST</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City PITTSBURGH	State PA	Zip Code 15250	Purpose of Disbursement DELIVERY COST		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>8.16</td> </tr> </table>	8.16											
City PITTSBURGH	State PA	Zip Code 15250																			
Purpose of Disbursement DELIVERY COST		<input type="text"/> Category/ Type																			
Candidate Name																					
8.16																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) FED EX	<b>Transaction ID:</b> 2009M04L21a00306 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
<table border="1"> <tr> <td>City PITTSBURGH</td> <td>State PA</td> <td>Zip Code 15250</td> </tr> <tr> <td colspan="2">Purpose of Disbursement DELIVERY COST</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City PITTSBURGH	State PA	Zip Code 15250	Purpose of Disbursement DELIVERY COST		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>9.03</td> </tr> </table>	9.03											
City PITTSBURGH	State PA	Zip Code 15250																			
Purpose of Disbursement DELIVERY COST		<input type="text"/> Category/ Type																			
Candidate Name																					
9.03																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) FED EX	<b>Transaction ID:</b> 2009M04L21a00307 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	0	9												
<table border="1"> <tr> <td>City PITTSBURGH</td> <td>State PA</td> <td>Zip Code 15250</td> </tr> <tr> <td colspan="2">Purpose of Disbursement DELIVERY COST</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City PITTSBURGH	State PA	Zip Code 15250	Purpose of Disbursement DELIVERY COST		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>10.47</td> </tr> </table>	10.47											
City PITTSBURGH	State PA	Zip Code 15250																			
Purpose of Disbursement DELIVERY COST		<input type="text"/> Category/ Type																			
Candidate Name																					
10.47																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

27.66

**TOTAL** This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1550 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FED EX Mailing Address P O BOX 371461	<b>Transaction ID:</b> 2009M04L21a00311 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY COST Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>18.27</div>
<b>B.</b> Full Name (Last, First, Middle Initial) FED EX Mailing Address P O BOX 371461 City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY COST Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00312 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>19.25</div>
<b>C.</b> Full Name (Last, First, Middle Initial) FED EX Mailing Address P O BOX 371461 City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY COST Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00313 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>27.25</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

64.77

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) <b>FED EX</b> <hr/> Mailing Address     P O BOX 371461	<b>Transaction ID:</b> 2009M04L21a00314 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y <b>0 3 / 1 9 / 2 0 0 9</b></span> </div>
City                                  State                                  Zip Code <b>PITTSBURGH</b> PA                                  15250	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">28.04</div>
Purpose of Disbursement <b>DELIVERY COST</b>	<div style="border: 1px solid black; width: 50px; height: 30px; margin: auto;"></div> Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:              District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>FED EX</b> <hr/> Mailing Address     P O BOX 371461	<b>Transaction ID:</b> 2009M04L21a00315 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y <b>0 3 / 1 9 / 2 0 0 9</b></span> </div>
City                                  State                                  Zip Code <b>PITTSBURGH</b> PA                                  15250	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">30.60</div>
Purpose of Disbursement <b>DELIVERY COST</b>	<div style="border: 1px solid black; width: 50px; height: 30px; margin: auto;"></div> Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:              District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>FED EX</b> <hr/> Mailing Address     P O BOX 371461	<b>Transaction ID:</b> 2009M04L21a00316 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y <b>0 3 / 1 9 / 2 0 0 9</b></span> </div>
City                                  State                                  Zip Code <b>PITTSBURGH</b> PA                                  15250	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">36.47</div>
Purpose of Disbursement <b>DELIVERY COST</b>	<div style="border: 1px solid black; width: 50px; height: 30px; margin: auto;"></div> Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:              District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FE6AN026

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FED EX Mailing Address P O BOX 371461	<b>Transaction ID:</b> 2009M04L21a00320 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY COST Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>56.64</div>
<b>B.</b> Full Name (Last, First, Middle Initial) FED EX Mailing Address P O BOX 371461 City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY COST Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00321 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>83.77</div>
<b>C.</b> Full Name (Last, First, Middle Initial) FED EX Mailing Address P O BOX 371461 City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY COST Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00322 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>92.21</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**232.62**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FED EX Mailing Address P O BOX 371461	<b>Transaction ID:</b> 2009M04L21a00323 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY COST Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>114.15</div>
<b>B.</b> Full Name (Last, First, Middle Initial) FED EX Mailing Address P O BOX 371461 City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY COST Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00324 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>186.57</div>
<b>C.</b> Full Name (Last, First, Middle Initial) FED EX Mailing Address P O BOX 371461 City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY COST Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00325 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>449.77</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**750.49**

**TOTAL** This Period (last page this line number only) ..... ►

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
FED EX

Mailing Address  
P O BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250

Purpose of Disbursement  
DELIVERY COST

Candidate Name

Office Sought:  

☐ House  
☐ Senate  
☐ President

Disbursement For:  

☐ Primary  
☐ Other (specify) ▼

☐ General

State:

District:

Transaction ID: 2009M04L21a00326

Date of Disbursement  
MM / DD / YYYY  
03 / 19 / 2009

Amount of Each Disbursement this Period  
556.71

B.

Full Name (Last, First, Middle Initial)  
FED EX

Mailing Address  
P O BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250

Purpose of Disbursement  
DELIVERY COST

Candidate Name

Office Sought:  

☐ House  
☐ Senate  
☐ President

Disbursement For:  

☐ Primary  
☐ Other (specify) ▼

☐ General

State:

District:

Transaction ID: 2009M04L21a00327

Date of Disbursement  
MM / DD / YYYY  
03 / 19 / 2009

Amount of Each Disbursement this Period  
695.39

C.

Full Name (Last, First, Middle Initial)  
FED EX

Mailing Address  
P O BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250

Purpose of Disbursement  
DELIVERY COST

Candidate Name

Office Sought:  

☐ House  
☐ Senate  
☐ President

Disbursement For:  

☐ Primary  
☐ Other (specify) ▼

☐ General

State:

District:

Transaction ID: 2009M04L21a00328

Date of Disbursement  
MM / DD / YYYY  
03 / 19 / 2009

Amount of Each Disbursement this Period  
7590.12

**8842.22**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>FEDERAL RESERVE BANK-CLEVELAND</b>	<b>Transaction ID:</b> 2009M04L21a00329 <b>Date of Disbursement</b>
Mailing Address <b>FISCAL DEPT-PAYROLL PO BOX 299</b>	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City <b>PITTSBURPH</b> State <b>PA</b> Zip Code <b>15230-0299</b>	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement <b>SAVINGS BONDS</b> Candidate Name	<div> <div>800.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Full Name (Last, First, Middle Initial) <b>FEDERAL RESERVE BANK-CLEVELAND</b>	<b>Transaction ID:</b> 2009M04L21a00330 <b>Date of Disbursement</b>
Mailing Address <b>FISCAL DEPT-PAYROLL PO BOX 299</b>	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City <b>PITTSBURPH</b> State <b>PA</b> Zip Code <b>15230-0299</b>	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement <b>SAVINGS BONDS</b> Candidate Name	<div> <div>850.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Full Name (Last, First, Middle Initial) <b>FILEMAKER, INC.</b>	<b>Transaction ID:</b> 2009M04L21a00331 <b>Date of Disbursement</b>
Mailing Address <b>ATTN:OPERATIONS MSC-55 5201 PATRICK HENRY DRIVE</b>	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City <b>SANTA CLARA</b> State <b>CA</b> Zip Code <b>95054</b>	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement <b>SOFTWARE</b> Candidate Name	<div> <div>1960.61</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**3610.61**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1557 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JULIE FLEMING	<b>Transaction ID:</b> 2009M04L21a00332 <b>Date of Disbursement</b>																				
Mailing Address 6719 BOSTWICK DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City SPRINGFIELD State VA Zip Code 22151	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td>81.86</td> </tr> </table>	81.86																			
81.86																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CURRENT	<b>Transaction ID:</b> 2009M04L21a00332m <b>Date of Disbursement</b>																				
Mailing Address 1005 E WOODMEN RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City COLORADO SPRINGS State CO Zip Code 80920	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td>81.86</td> </tr> </table>	81.86																			
81.86																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JULIE FLEMING	<b>Transaction ID:</b> 2009M04L21a00333 <b>Date of Disbursement</b>																				
Mailing Address 6719 BOSTWICK DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City SPRINGFIELD State VA Zip Code 22151	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PARKING Candidate Name	<table border="1"> <tr> <td>24.00</td> </tr> </table>	24.00																			
24.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

105.86

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FLS CONNECT, LLC

Mailing Address 7300 HUDSON BLVD  
 SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00334

Date of Disbursement

/   /

Amount of Each Disbursement this Period

175.00

**B.**

Full Name (Last, First, Middle Initial)

FLS CONNECT, LLC

Mailing Address 7300 HUDSON BLVD  
 SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00335

Date of Disbursement

/   /

Amount of Each Disbursement this Period

263.50

**C.**

Full Name (Last, First, Middle Initial)

FLS CONNECT, LLC

Mailing Address 7300 HUDSON BLVD  
 SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00336

Date of Disbursement

/   /

Amount of Each Disbursement this Period

277.50

**SUBTOTAL** of Disbursements This Page (optional) .....

716.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)          FLS CONNECT, LLC</p> <p>Mailing Address 7300 HUDSON BLVD          SUITE 270</p> <p>City SAINT PAUL State MN Zip Code 55128</p> <p>Purpose of Disbursement          TELEMARKETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00337</p> <p>Date of Disbursement          M M / D D / Y Y Y Y          0 3 / 2 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period          296.50</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)          FLS CONNECT, LLC</p> <p>Mailing Address 7300 HUDSON BLVD          SUITE 270</p> <p>City SAINT PAUL State MN Zip Code 55128</p> <p>Purpose of Disbursement          TELEMARKETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00338</p> <p>Date of Disbursement          M M / D D / Y Y Y Y          0 3 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period          433.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)          FLS CONNECT, LLC</p> <p>Mailing Address 7300 HUDSON BLVD          SUITE 270</p> <p>City SAINT PAUL State MN Zip Code 55128</p> <p>Purpose of Disbursement          TELEMARKETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00339</p> <p>Date of Disbursement          M M / D D / Y Y Y Y          0 3 / 2 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period          730.00</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

1459.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)          FLS CONNECT, LLC</p> <p>Mailing Address 7300 HUDSON BLVD          SUITE 270</p> <p>City SAINT PAUL State MN Zip Code 55128</p> <p>Purpose of Disbursement          TELEMARKETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00340  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>820.50</div></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)          FLS CONNECT, LLC</p> <p>Mailing Address 7300 HUDSON BLVD          SUITE 270</p> <p>City SAINT PAUL State MN Zip Code 55128</p> <p>Purpose of Disbursement          TELEMARKETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00341  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>948.91</div></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)          FLS CONNECT, LLC</p> <p>Mailing Address 7300 HUDSON BLVD          SUITE 270</p> <p>City SAINT PAUL State MN Zip Code 55128</p> <p>Purpose of Disbursement          TELEMARKETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00342  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>1685.00</div></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3454.41**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) <b>FLS CONNECT, LLC</b>	<b>Transaction ID:</b> 2009M04L21a00343 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div><div style="border: 1px solid black; padding: 2px;">03</div> / <div style="border: 1px solid black; padding: 2px;">05</div> / <div style="border: 1px solid black; padding: 2px;">2009</div></div> </div>	
Mailing Address     7300 HUDSON BLVD SUITE 270	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">1713.60</div>	
<div>City SAINT PAUL</div> <div>State MN</div> <div>Zip Code 55128</div>		
<div style="flex: 1;">           Purpose of Disbursement            TELEMARKETING         </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">           Category/ Type         </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:              District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>FLS CONNECT, LLC</b>		<b>Transaction ID:</b> 2009M04L21a00344 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div><div style="border: 1px solid black; padding: 2px;">03</div> / <div style="border: 1px solid black; padding: 2px;">26</div> / <div style="border: 1px solid black; padding: 2px;">2009</div></div> </div>
Mailing Address     7300 HUDSON BLVD SUITE 270	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">1736.13</div>	
<div>City SAINT PAUL</div> <div>State MN</div> <div>Zip Code 55128</div>		
<div style="flex: 1;">           Purpose of Disbursement            TELEMARKETING         </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">           Category/ Type         </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:              District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>FLS CONNECT, LLC</b>		<b>Transaction ID:</b> 2009M04L21a00345 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div><div style="border: 1px solid black; padding: 2px;">03</div> / <div style="border: 1px solid black; padding: 2px;">26</div> / <div style="border: 1px solid black; padding: 2px;">2009</div></div> </div>
Mailing Address     7300 HUDSON BLVD SUITE 270	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">2313.00</div>	
<div>City SAINT PAUL</div> <div>State MN</div> <div>Zip Code 55128</div>		
<div style="flex: 1;">           Purpose of Disbursement            TELEMARKETING         </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">           Category/ Type         </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:              District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**5762.73**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FLS CONNECT, LLC <hr/> Mailing Address 7300 HUDSON BLVD SUITE 270 <hr/> City SAINT PAUL State MN Zip Code 55128 <hr/> Purpose of Disbursement TELEMARKETING <hr/> Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: auto;"></div> Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00346 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;">M</div> <div style="display: inline-block; width: 20px; text-align: center;">M</div> <div style="display: inline-block; width: 20px; text-align: center;">/</div> <div style="display: inline-block; width: 20px; text-align: center;">D</div> <div style="display: inline-block; width: 20px; text-align: center;">D</div> <div style="display: inline-block; width: 20px; text-align: center;">/</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> </div> <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">3</div> <div style="display: inline-block; width: 20px; text-align: center;">/</div> <div style="display: inline-block; width: 20px; text-align: center;">2</div> <div style="display: inline-block; width: 20px; text-align: center;">6</div> <div style="display: inline-block; width: 20px; text-align: center;">/</div> <div style="display: inline-block; width: 20px; text-align: center;">2</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">9</div> <div style="display: inline-block; width: 20px; text-align: center;">9</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">3669.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) FLS CONNECT, LLC <hr/> Mailing Address 7300 HUDSON BLVD SUITE 270 <hr/> City SAINT PAUL State MN Zip Code 55128 <hr/> Purpose of Disbursement TELEMARKETING <hr/> Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: auto;"></div> Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00347 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;">M</div> <div style="display: inline-block; width: 20px; text-align: center;">M</div> <div style="display: inline-block; width: 20px; text-align: center;">/</div> <div style="display: inline-block; width: 20px; text-align: center;">D</div> <div style="display: inline-block; width: 20px; text-align: center;">D</div> <div style="display: inline-block; width: 20px; text-align: center;">/</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> </div> <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">3</div> <div style="display: inline-block; width: 20px; text-align: center;">/</div> <div style="display: inline-block; width: 20px; text-align: center;">3</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">/</div> <div style="display: inline-block; width: 20px; text-align: center;">2</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">9</div> <div style="display: inline-block; width: 20px; text-align: center;">9</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">6069.60</div>
<b>C.</b> Full Name (Last, First, Middle Initial) FLS CONNECT, LLC <hr/> Mailing Address 7300 HUDSON BLVD SUITE 270 <hr/> City SAINT PAUL State MN Zip Code 55128 <hr/> Purpose of Disbursement TELEMARKETING <hr/> Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: auto;"></div> Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00348 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;">M</div> <div style="display: inline-block; width: 20px; text-align: center;">M</div> <div style="display: inline-block; width: 20px; text-align: center;">/</div> <div style="display: inline-block; width: 20px; text-align: center;">D</div> <div style="display: inline-block; width: 20px; text-align: center;">D</div> <div style="display: inline-block; width: 20px; text-align: center;">/</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> </div> <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">3</div> <div style="display: inline-block; width: 20px; text-align: center;">/</div> <div style="display: inline-block; width: 20px; text-align: center;">3</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">/</div> <div style="display: inline-block; width: 20px; text-align: center;">2</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">9</div> <div style="display: inline-block; width: 20px; text-align: center;">9</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">6371.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**16109.60**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FLS CONNECT, LLC <hr/> Mailing Address 7300 HUDSON BLVD SUITE 270 <hr/> City SAINT PAUL State MN Zip Code 55128 <hr/> Purpose of Disbursement TELEMARKETING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00349 <b>Date of Disbursement</b> <div> <div>03</div> <div>30</div> <div>2009</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>9674.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) FLS CONNECT, LLC <hr/> Mailing Address 7300 HUDSON BLVD SUITE 270 <hr/> City SAINT PAUL State MN Zip Code 55128 <hr/> Purpose of Disbursement TELEMARKETING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00350 <b>Date of Disbursement</b> <div> <div>03</div> <div>26</div> <div>2009</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>13068.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) FLS CONNECT, LLC <hr/> Mailing Address 7300 HUDSON BLVD SUITE 270 <hr/> City SAINT PAUL State MN Zip Code 55128 <hr/> Purpose of Disbursement TELEMARKETING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00351 <b>Date of Disbursement</b> <div> <div>03</div> <div>30</div> <div>2009</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>15504.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**38246.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FLS CONNECT, LLC	<b>Transaction ID:</b> 2009M04L21a00352 <b>Date of Disbursement</b>
Mailing Address 7300 HUDSON BLVD SUITE 270	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City SAINT PAUL State MN Zip Code 55128	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TELEMARKETING	<div>17802.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) FLS CONNECT, LLC	<b>Transaction ID:</b> 2009M04L21a00353 <b>Date of Disbursement</b>
Mailing Address 7300 HUDSON BLVD SUITE 270	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City SAINT PAUL State MN Zip Code 55128	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TELEMARKETING	<div>19585.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) FLS CONNECT, LLC	<b>Transaction ID:</b> 2009M04L21a00354 <b>Date of Disbursement</b>
Mailing Address 7300 HUDSON BLVD SUITE 270	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City SAINT PAUL State MN Zip Code 55128	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TELEMARKETING	<div>20340.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

57727.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1565 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

FLS CONNECT, LLC

Mailing Address 7300 HUDSON BLVD  
SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
TELEMARKETING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00355

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	0	9

Amount of Each Disbursement this Period

20700.00

**B.**

Full Name (Last, First, Middle Initial)

FLS CONNECT, LLC

Mailing Address 7300 HUDSON BLVD  
SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
TELEMARKETING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00356

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	0	9

Amount of Each Disbursement this Period

21561.60

**C.**

Full Name (Last, First, Middle Initial)

FLS CONNECT, LLC

Mailing Address 7300 HUDSON BLVD  
SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
TELEMARKETING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00357

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	0	9

Amount of Each Disbursement this Period

23925.00

SUBTOTAL of Disbursements This Page (optional) .....

66186.60

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1566 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FLS CONNECT, LLC <hr/> Mailing Address 7300 HUDSON BLVD SUITE 270 <hr/> City SAINT PAUL State MN Zip Code 55128 <hr/> Purpose of Disbursement TELEMARKETING <hr/> Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 2009M04L21a00358 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;">M</div> <div style="display: inline-block; width: 20px; text-align: center;">M</div> <div style="display: inline-block; width: 20px; text-align: center;">/</div> <div style="display: inline-block; width: 20px; text-align: center;">D</div> <div style="display: inline-block; width: 20px; text-align: center;">D</div> <div style="display: inline-block; width: 20px; text-align: center;">/</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">         03 / 26 / 2009       </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right; margin-top: 5px;">24108.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) FLS CONNECT, LLC <hr/> Mailing Address 7300 HUDSON BLVD SUITE 270 <hr/> City SAINT PAUL State MN Zip Code 55128 <hr/> Purpose of Disbursement TELEMARKETING <hr/> Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 2009M04L21a00359 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;">M</div> <div style="display: inline-block; width: 20px; text-align: center;">M</div> <div style="display: inline-block; width: 20px; text-align: center;">/</div> <div style="display: inline-block; width: 20px; text-align: center;">D</div> <div style="display: inline-block; width: 20px; text-align: center;">D</div> <div style="display: inline-block; width: 20px; text-align: center;">/</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">         03 / 30 / 2009       </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right; margin-top: 5px;">28438.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) FLS CONNECT, LLC <hr/> Mailing Address 7300 HUDSON BLVD SUITE 270 <hr/> City SAINT PAUL State MN Zip Code 55128 <hr/> Purpose of Disbursement TELEMARKETING <hr/> Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 2009M04L21a00360 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;">M</div> <div style="display: inline-block; width: 20px; text-align: center;">M</div> <div style="display: inline-block; width: 20px; text-align: center;">/</div> <div style="display: inline-block; width: 20px; text-align: center;">D</div> <div style="display: inline-block; width: 20px; text-align: center;">D</div> <div style="display: inline-block; width: 20px; text-align: center;">/</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">         03 / 05 / 2009       </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right; margin-top: 5px;">29942.40</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**82488.40**

**TOTAL** This Period (last page this line number only) ..... ►

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1568 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**FORD MOTOR COMPANY**

Mailing Address **PO BOX 70548**

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60673**

Purpose of Disbursement  
**VEHICLE LEASING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00364**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**1400.00**

**B.**

Full Name (Last, First, Middle Initial)

**FOUR SEASONS HOTEL, WDC**

Mailing Address **2800 PENNSYLVANIA AVE NW**

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20007**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00365**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**3000.00**

**C.**

Full Name (Last, First, Middle Initial)

**FOUR SEASONS HOTEL, WDC**

Mailing Address **2800 PENNSYLVANIA AVE NW**

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20007**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00366**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**4000.00**

**SUBTOTAL** of Disbursements This Page (optional) .....

**8400.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1569 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**FOUR SEASONS HOTEL, WDC**

Mailing Address **2800 PENNSYLVANIA AVE NW**

City **WASHINGTON** State **DC** Zip Code **20007**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00367**  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**4000.00**

**B.**

Full Name (Last, First, Middle Initial)  
**FOUR SEASONS HOTEL, WDC**

Mailing Address **2800 PENNSYLVANIA AVE NW**

City **WASHINGTON** State **DC** Zip Code **20007**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00368**  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**4000.00**

**C.**

Full Name (Last, First, Middle Initial)  
**FOUR SEASONS RESORT AND CLUB**

Mailing Address **AT LAS COLINAS**  
**4150 N. MACARTHUR BLVD**

City **IRVING** State **TX** Zip Code **75038**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00369**  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**333.33**

**SUBTOTAL** of Disbursements This Page (optional) .....

**8333.33**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1570 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 FOUR SEASONS RESORT AND CLUB

Mailing Address AT LAS COLINAS  
 4150 N. MACARTHUR BLVD

City IRVING State TX Zip Code 75038

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00370  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

333.33

**B.** Full Name (Last, First, Middle Initial)  
 FOUR SEASONS RESORT AND CLUB

Mailing Address AT LAS COLINAS  
 4150 N. MACARTHUR BLVD

City IRVING State TX Zip Code 75038

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00371  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

333.34

**C.** Full Name (Last, First, Middle Initial)  
 FOUR SEASONS RESORT AND CLUB

Mailing Address AT LAS COLINAS  
 4150 N. MACARTHUR BLVD

City IRVING State TX Zip Code 75038

Purpose of Disbursement  
 VENUE RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00372  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1666.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1571 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 FOUR SEASONS RESORT JACKSON

Mailing Address HOLE  
 PO BOX 544

City TETON VILLAGE State WY Zip Code 83025

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00373

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
 FOUR SEASONS RESORT JACKSON

Mailing Address HOLE  
 PO BOX 544

City TETON VILLAGE State WY Zip Code 83025

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00374

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**C.** Full Name (Last, First, Middle Initial)  
 FOUR SEASONS RESORT JACKSON

Mailing Address HOLE  
 PO BOX 544

City TETON VILLAGE State WY Zip Code 83025

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00375

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1572 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial)  
FOUR SEASONS RESORT JACKSONMailing Address HOLE  
PO BOX 544

City TETON VILLAGE State WY Zip Code 83025

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00376  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	9

Amount of Each Disbursement this Period

1500.00

**B.** Full Name (Last, First, Middle Initial)  
FRAGER'S HARDWARE

Mailing Address 1113-15 PENNSYLLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
HARDWARE SUPPLIES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00377  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	9

Amount of Each Disbursement this Period

623.53

**C.** Full Name (Last, First, Middle Initial)  
TED FRANKS

Mailing Address 1150 17TH STREET NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00378  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	9

Amount of Each Disbursement this Period

666.65

SUBTOTAL of Disbursements This Page (optional) .....

2790.18

TOTAL This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

State:  District:

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1574 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)          GRASSROOTS TARGETING</p> <p>Mailing Address 814 KING STREET          SUITE 420</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement          STAFF CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00381</p> <p>Date of Disbursement          M M / D D / Y Y Y Y          0 3 / 0 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period          15000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)          GRASSROOTS TARGETING</p> <p>Mailing Address 814 KING STREET          SUITE 420</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement          STAFF CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00382</p> <p>Date of Disbursement          M M / D D / Y Y Y Y          0 3 / 1 9 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period          15000.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)          BLAISE HAZELWOOD</p> <p>Mailing Address 300 QUEEN ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement          MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00383</p> <p>Date of Disbursement          M M / D D / Y Y Y Y          0 3 / 2 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period          117.90</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**30117.90**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1575 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CHARLIE PALMER STEAK, WDX	<b>Transaction ID:</b> 2009M04L21a00383m <b>Date of Disbursement</b>																				
Mailing Address 101 CONSTITUTION AVE NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">117.90</td> </tr> </table>	117.90																			
117.90																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>B.</b> Full Name (Last, First, Middle Initial) BLAISE HAZELWOOD	<b>Transaction ID:</b> 2009M04L21a00384 <b>Date of Disbursement</b>																				
Mailing Address 300 QUEEN ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement PARKING	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) BLAISE HAZELWOOD	<b>Transaction ID:</b> 2009M04L21a00385 <b>Date of Disbursement</b>																				
Mailing Address 300 QUEEN ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement TAXI	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">45.00</td> </tr> </table>	45.00																			
45.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1576 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BLAISE HAZELWOOD

Mailing Address 300 QUEEN ST

City  
 ALEXANDRIA

State  
 VA

Zip Code  
 22314

Purpose of Disbursement  
 TELEPHONE CHARGES

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00386

Date of Disbursement

/   /

Amount of Each Disbursement this Period

419.53

**B.**

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address P O BOX 25505

City  
 LEHIGH VALLEY

State  
 PA

Zip Code  
 18002

Purpose of Disbursement  
 TELEPHONE CHARGES

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00386m

Date of Disbursement

/   /

Amount of Each Disbursement this Period

419.53

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

BLAISE HAZELWOOD

Mailing Address 300 QUEEN ST

City  
 ALEXANDRIA

State  
 VA

Zip Code  
 22314

Purpose of Disbursement  
 TRAIN FARE

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00387

Date of Disbursement

/   /

Amount of Each Disbursement this Period

708.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1127.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1577 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>AMTRAK</b> Mailing Address <b>50 MASS AVE NE</b>	<b>Transaction ID:</b> 2009M04L21a00387m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20002</b> Purpose of Disbursement <b>TRAIN FARE</b> Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>708.00</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>TODD HERMAN</b> Mailing Address <b>21025 7TH AVENUE SOUTH</b>	<b>Transaction ID:</b> 2009M04L21a00388 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City <b>DES MOINES</b> State <b>IA</b> Zip Code <b>98198</b> Purpose of Disbursement <b>AIR FARE</b> Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>919.20</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>ALASKA AIRLINES INC</b> Mailing Address <b>20833 INTERNATIONAL BLVD</b>	<b>Transaction ID:</b> 2009M04L21a00388m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City <b>SEATTLE</b> State <b>WA</b> Zip Code <b>98198</b> Purpose of Disbursement <b>AIR FARE</b> Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>919.20</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**919.20**

**TOTAL** This Period (last page this line number only) ..... ►

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1579 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMAZON.COM Mailing Address P O BOX 81226	<b>Transaction ID:</b> 2009M04L21a00390m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City SEATTLE State WA Zip Code 98108 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>203.72</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) NANCY D HIBBS Mailing Address 1005 NEW DAWN LANE City ODENTON State MD Zip Code 21113 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00391 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>232.70</div>
<b>C.</b> Full Name (Last, First, Middle Initial) WALMART.COM Mailing Address 7000 MARINA BLVD City BRISBANE State CA Zip Code 94005 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00391m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>232.70</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

232.70

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1580 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HILTON PALACIO DEL RIO

Mailing Address 200 SOUTH ALAMO

City State Zip Code  
SAN ANTONIO TX 78205Purpose of Disbursement  
CATERING, LODGING, A/V RENTAL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00392

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	9

Amount of Each Disbursement this Period

3838.74

B.

Full Name (Last, First, Middle Initial)

HOLTZMAN VOGEL, PLLC

Mailing Address 98 ALEXANDRIA PIKE  
SUITE 53City State Zip Code  
WARRENTON VA 20186Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00393

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	9

Amount of Each Disbursement this Period

15000.00

C.

Full Name (Last, First, Middle Initial)

HOON DESIGNS, LLC

Mailing Address 2800 SHIRLINGTON RD STE 920

City State Zip Code  
ARLINGTON VA 22206Purpose of Disbursement  
GRAPHIC SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00394

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	0	9

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional) .....

19138.74

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1581 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) HOON DESIGNS, LLC	<b>Transaction ID:</b> 2009M04L21a00395 <b>Date of Disbursement</b>																				
Mailing Address 2800 SHIRLINGTON RD STE 920	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	0	9												
City ARLINGTON State VA Zip Code 22206	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement GRAPHIC SERVICES	<table border="1"> <tr> <td>300.00</td> </tr> </table>	300.00																			
300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) HOON DESIGNS, LLC	<b>Transaction ID:</b> 2009M04L21a00396 <b>Date of Disbursement</b>																				
Mailing Address 2800 SHIRLINGTON RD STE 920	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	0	9												
City ARLINGTON State VA Zip Code 22206	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement GRAPHIC SERVICES	<table border="1"> <tr> <td>300.00</td> </tr> </table>	300.00																			
300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) HOON DESIGNS, LLC	<b>Transaction ID:</b> 2009M04L21a00397 <b>Date of Disbursement</b>																				
Mailing Address 2800 SHIRLINGTON RD STE 920	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	0	9												
City ARLINGTON State VA Zip Code 22206	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement GRAPHIC SERVICES	<table border="1"> <tr> <td>300.00</td> </tr> </table>	300.00																			
300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**900.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1582 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) HOON DESIGNS, LLC	<b>Transaction ID:</b> 2009M04L21a00398 <b>Date of Disbursement</b>																				
Mailing Address 2800 SHIRLINGTON RD STE 920	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	0	9												
City ARLINGTON State VA Zip Code 22206	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement GRAPHIC SERVICES Candidate Name	<table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	300.00																			
300.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Full Name (Last, First, Middle Initial) HOON DESIGNS, LLC	<b>Transaction ID:</b> 2009M04L21a00399 <b>Date of Disbursement</b>																				
Mailing Address 2800 SHIRLINGTON RD STE 920	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	0	9												
City ARLINGTON State VA Zip Code 22206	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement GRAPHIC SERVICES Candidate Name	<table border="1"> <tr> <td colspan="10">400.00</td> </tr> </table>	400.00																			
400.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Full Name (Last, First, Middle Initial) HOON DESIGNS, LLC	<b>Transaction ID:</b> 2009M04L21a00400 <b>Date of Disbursement</b>																				
Mailing Address 2800 SHIRLINGTON RD STE 920	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	0	9												
City ARLINGTON State VA Zip Code 22206	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement GRAPHIC SERVICES Candidate Name	<table border="1"> <tr> <td colspan="10">400.00</td> </tr> </table>	400.00																			
400.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**1100.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) HOON DESIGNS, LLC	<b>Transaction ID:</b> 2009M04L21a00401 <b>Date of Disbursement</b>
Mailing Address 2800 SHIRLINGTON RD STE 920	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22206	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement GRAPHIC SERVICES	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) HOON DESIGNS, LLC	<b>Transaction ID:</b> 2009M04L21a00402 <b>Date of Disbursement</b>
Mailing Address 2800 SHIRLINGTON RD STE 920	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22206	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement GRAPHIC SERVICES	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) HOON DESIGNS, LLC	<b>Transaction ID:</b> 2009M04L21a00403 <b>Date of Disbursement</b>
Mailing Address 2800 SHIRLINGTON RD STE 920	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22206	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement GRAPHIC SERVICES	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>1500.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1585 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 ICS CORPORATION

Mailing Address 2225 RICHMOND STREET

City PHILADELPHIA State PA Zip Code 19125

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00407  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

60000.00

**B.**

Full Name (Last, First, Middle Initial)  
 ICS CORPORATION

Mailing Address 2225 RICHMOND STREET

City PHILADELPHIA State PA Zip Code 19125

Purpose of Disbursement  
 PRINT,MAIL PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00408  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

2286.04

**C.**

Full Name (Last, First, Middle Initial)  
 ICS CORPORATION

Mailing Address 2225 RICHMOND STREET

City PHILADELPHIA State PA Zip Code 19125

Purpose of Disbursement  
 PRINT,MAIL PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00409  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

4572.40

**SUBTOTAL** of Disbursements This Page (optional) .....

66858.44

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1586 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
ICS CORPORATION

Mailing Address 2225 RICHMOND STREET

City PHILADELPHIA State PA Zip Code 19125

Purpose of Disbursement  
PRINT,MAIL PRODUCTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00410  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	0	9

Amount of Each Disbursement this Period

13082.00

**B.**Full Name (Last, First, Middle Initial)  
IGOE/ASSOCIATES

Mailing Address 7170 BLUEGRASS WAY

City OWINGS State MD Zip Code 20736

Purpose of Disbursement  
STAFF CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00411  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	9

Amount of Each Disbursement this Period

5000.00

**C.**Full Name (Last, First, Middle Initial)  
IGOE/ASSOCIATES

Mailing Address 7170 BLUEGRASS WAY

City OWINGS State MD Zip Code 20736

Purpose of Disbursement  
STAFF CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00412  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	0	9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

23082.00

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) <b>IMPACT OFFICE PRODUCTS</b>	<b>Transaction ID:</b> 2009M04L21a00416 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>03 / 11 / 2009</div> </div>	
Mailing Address    P O BOX 403846	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">30.13</div>	
<div>City <b>ATLANTA</b></div> <div>State <b>GA</b></div> <div>Zip Code <b>30384</b></div>		
<div style="flex: 1;">           Purpose of Disbursement  <b>OFFICE SUPPLIES</b> </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">             Category/ Type           </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                  District:		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>IMPACT OFFICE PRODUCTS</b>		<b>Transaction ID:</b> 2009M04L21a00417 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>03 / 05 / 2009</div> </div>
Mailing Address    P O BOX 403846		<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">36.00</div>
<div>City <b>ATLANTA</b></div> <div>State <b>GA</b></div> <div>Zip Code <b>30384</b></div>		
<div style="flex: 1;">           Purpose of Disbursement  <b>OFFICE SUPPLIES</b> </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">             Category/ Type           </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                  District:		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>IMPACT OFFICE PRODUCTS</b>		<b>Transaction ID:</b> 2009M04L21a00418 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>03 / 05 / 2009</div> </div>
Mailing Address    P O BOX 403846		<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">36.41</div>
<div>City <b>ATLANTA</b></div> <div>State <b>GA</b></div> <div>Zip Code <b>30384</b></div>		
<div style="flex: 1;">           Purpose of Disbursement  <b>OFFICE SUPPLIES</b> </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">             Category/ Type           </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                  District:		
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶		<div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">102.54</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		<div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;"> </div>



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) IMPACT OFFICE PRODUCTS	<b>Transaction ID:</b> 2009M04L21a00425 <b>Date of Disbursement</b>
Mailing Address P O BOX 403846	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City ATLANTA State GA Zip Code 30384	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<div> <div>102.75</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) IMPACT OFFICE PRODUCTS	<b>Transaction ID:</b> 2009M04L21a00426 <b>Date of Disbursement</b>
Mailing Address P O BOX 403846	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City ATLANTA State GA Zip Code 30384	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<div> <div>109.93</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) IMPACT OFFICE PRODUCTS	<b>Transaction ID:</b> 2009M04L21a00427 <b>Date of Disbursement</b>
Mailing Address P O BOX 403846	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City ATLANTA State GA Zip Code 30384	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<div> <div>116.91</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**329.59**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

1953.87

254.75

5500.00

FEC Schedule B ( Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1595 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

DAN ITEN

Mailing Address 4405 1ST ROAD S

City ARLINGTON State VA Zip Code 22204

Purpose of Disbursement  
TELEPHONE CHARGES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00437

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	9

Amount of Each Disbursement this Period

46.00

**B.**

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address P O BOX 25505

City LEHIGH VALLEY State PA Zip Code 18002

Purpose of Disbursement  
TELEPHONE CHARGES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00437m

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	9

Amount of Each Disbursement this Period

46.00

**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

HEATHER JEFFREYS

Mailing Address 2721 S ADAMS ST APT 203

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
BAGGAGE COST

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00438

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	9

Amount of Each Disbursement this Period

15.00

SUBTOTAL of Disbursements This Page (optional) .....

61.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1596 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) US AIRWAYS	<b>Transaction ID:</b> 2009M04L21a00438m <b>Date of Disbursement</b>
Mailing Address 5620 UNIVERSITY PKWY	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City WINSTON SALEM State NC Zip Code 27105	<b>Amount of Each Disbursement this Period</b> <div>15.00</div>
Purpose of Disbursement BAGGAGE COST Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) HEATHER JEFFREYS	<b>Transaction ID:</b> 2009M04L21a00439 <b>Date of Disbursement</b>
Mailing Address 2721 S ADAMS ST APT 203	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22206	<b>Amount of Each Disbursement this Period</b> <div>15.00</div>
Purpose of Disbursement BAGGAGE COST Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) US AIRWAYS	<b>Transaction ID:</b> 2009M04L21a00439m <b>Date of Disbursement</b>
Mailing Address 5620 UNIVERSITY PKWY	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City WINSTON SALEM State NC Zip Code 27105	<b>Amount of Each Disbursement this Period</b> <div>15.00</div>
Purpose of Disbursement BAGGAGE COST Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

15.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1597 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) HEATHER JEFFREYS Mailing Address 2721 S ADAMS ST APT 203	<b>Transaction ID:</b> 2009M04L21a00440 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22206 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>5.68</div>
<b>B.</b> Full Name (Last, First, Middle Initial) CALIFORNIA PIZZA KITCHEN, FL Mailing Address 1000 TURNAGE BLVD City WEST PALM BEACH State FL Zip Code 33406 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00440m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5.68</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) HEATHER JEFFREYS Mailing Address 2721 S ADAMS ST APT 203 City ARLINGTON State VA Zip Code 22206 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00441 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5.76</div>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►	
<b>TOTAL</b> This Period (last page this line number only) ..... ►	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1598 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) RANCH 1, WASHINGTON DC	<b>Transaction ID:</b> 2009M04L21a00441m <b>Date of Disbursement</b>
Mailing Address 1 AVIATION CIRCLE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20001	<b>Amount of Each Disbursement this Period</b> <div>5.76</div>
Purpose of Disbursement MEALS Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) HEATHER JEFFREYS	<b>Transaction ID:</b> 2009M04L21a00442 <b>Date of Disbursement</b>
Mailing Address 2721 S ADAMS ST APT 203	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22206	<b>Amount of Each Disbursement this Period</b> <div>9.01</div>
Purpose of Disbursement MEALS Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) PARADIES, WASHINGTON DC	<b>Transaction ID:</b> 2009M04L21a00442m <b>Date of Disbursement</b>
Mailing Address 1 AVIATION CIRCLE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20001	<b>Amount of Each Disbursement this Period</b> <div>9.01</div>
Purpose of Disbursement MEALS Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>9.01</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) HEATHER JEFFREYS Mailing Address 2721 S ADAMS ST APT 203	<b>Transaction ID:</b> 2009M04L21a00443 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22206 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>45.70</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) THE BREAKERS PALM BEACH Mailing Address ONE SOUTH COUNTY ROAD City PALM BEACH State FL Zip Code 33480 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00443m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>45.70</div> <div>Category/Type</div> <p><b>[MEMO ITEM]</b></p>
<b>C.</b> Full Name (Last, First, Middle Initial) HEATHER JEFFREYS Mailing Address 2721 S ADAMS ST APT 203 City ARLINGTON State VA Zip Code 22206 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00444 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>68.71</div> <div>Category/Type</div>
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>114.41</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) THE BREAKERS PALM BEACH	<b>Transaction ID:</b> 2009M04L21a00444m <b>Date of Disbursement</b>																				
Mailing Address ONE SOUTH COUNTY ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City PALM BEACH State FL Zip Code 33480	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>68.71</td> </tr> </table>	68.71																			
68.71																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>B.</b> Full Name (Last, First, Middle Initial) HEATHER JEFFREYS	<b>Transaction ID:</b> 2009M04L21a00445 <b>Date of Disbursement</b>																				
Mailing Address 2721 S ADAMS ST APT 203	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period																				
Purpose of Disbursement TAXI	<table border="1"> <tr> <td>38.00</td> </tr> </table>	38.00																			
38.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) HEATHER JEFFREYS	<b>Transaction ID:</b> 2009M04L21a00446 <b>Date of Disbursement</b>																				
Mailing Address 2721 S ADAMS ST APT 203	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period																				
Purpose of Disbursement TIPS	<table border="1"> <tr> <td>30.00</td> </tr> </table>	30.00																			
30.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

68.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1601 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) HEATHER JEFFREYS	<b>Transaction ID:</b> 2009M04L21a00447 <b>Date of Disbursement</b>																				
Mailing Address 2721 S ADAMS ST APT 203	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22206	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TIPS	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JOHNSON CONTROLS	<b>Transaction ID:</b> 2009M04L21a00448 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 905240	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City CHARLOTTE State NC Zip Code 28290-5240	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement EQUIPMENT MAINTENANCE	<table border="1"> <tr> <td colspan="10">5732.57</td> </tr> </table>	5732.57																			
5732.57																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) KIMBIA, INC.	<b>Transaction ID:</b> 2009M04L21a00449 <b>Date of Disbursement</b>																				
Mailing Address 1050 E. 11TH STREET SUITE 200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City AUSTIN State TX Zip Code 78702	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANKING SERVICES	<table border="1"> <tr> <td colspan="10">2314.50</td> </tr> </table>	2314.50																			
2314.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

8122.07

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1602 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b> Full Name (Last, First, Middle Initial)  <b>KLEIN, O'NEILL &amp; SINGH, LLP</b></p> <p>Mailing Address <b>43 CORPORATE PARK SUITE 204</b></p> <p>City <b>IRVINE</b> State <b>CA</b> Zip Code <b>92606</b></p> <p>Purpose of Disbursement  <b>LEGAL CONSULTING</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00450  <b>Date of Disbursement</b>  <div> <div>03</div> <div>19</div> <div>2009</div> </div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>2573.25</div></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial)  <b>JAN LARIMER</b></p> <p>Mailing Address <b>P O BOX 610</b></p> <p>City <b>TETON VILLAGE</b> State <b>WY</b> Zip Code <b>83025</b></p> <p>Purpose of Disbursement  <b>CAR RENTAL</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00451  <b>Date of Disbursement</b>  <div> <div>03</div> <div>19</div> <div>2009</div> </div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>134.75</div></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial)  <b>ENTERPRISE RENT A CAR-MO</b></p> <p>Mailing Address <b>PO BOX 840181 CAGE 08EC1 DUNS;614830169</b></p> <p>City <b>KANSAS CITY</b> State <b>MO</b> Zip Code <b>64184-0181</b></p> <p>Purpose of Disbursement  <b>CAR RENTAL</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00451m  <b>Date of Disbursement</b>  <div> <div>03</div> <div>19</div> <div>2009</div> </div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>134.75</div></p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2708.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1603 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**JAN LARIMER**

Mailing Address **P O BOX 610**

City  
**TETON VILLAGE**

State  
**WY**

Zip Code  
**83025**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00452**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**206.01**

**B.**

Full Name (Last, First, Middle Initial)

**TREASURE ISLAND, LAS VEGAS NV**

Mailing Address **3300 LAS VEGAS BLVD S**

City  
**LAS VEGAS**

State  
**NV**

Zip Code  
**89109**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00452m**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**206.01**

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

**JAN LARIMER**

Mailing Address **P O BOX 610**

City  
**TETON VILLAGE**

State  
**WY**

Zip Code  
**83025**

Purpose of Disbursement  
**PARKING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00453**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**25.00**

**SUBTOTAL** of Disbursements This Page (optional) .....

**231.01**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1605 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

LE CIRQUE

Transaction ID: 2009M04L21a00457

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	9	

Mailing Address ONE BEACON COURT  
151 EAST 58TH STREET

Amount of Each Disbursement this Period

City NEW YORK State NY Zip Code 10022

1275.00									
---------	--	--	--	--	--	--	--	--	--

Purpose of Disbursement  
MEALS

Category/ Type
-------------------

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)

LE CIRQUE

Transaction ID: 2009M04L21a00458

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	9	

Mailing Address ONE BEACON COURT  
151 EAST 58TH STREET

Amount of Each Disbursement this Period

City NEW YORK State NY Zip Code 10022

1275.00									
---------	--	--	--	--	--	--	--	--	--

Purpose of Disbursement  
MEALS

Category/ Type
-------------------

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)

DEBBIE LEHARDY &amp; CO, LLC

Transaction ID: 2009M04L21a00459

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	9	

Mailing Address 2440 N EDGEWOOD ST

Amount of Each Disbursement this Period

City ARLINGTON State VA Zip Code 22207

310.00									
--------	--	--	--	--	--	--	--	--	--

Purpose of Disbursement  
AIR FARE

Category/ Type
-------------------

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

2860.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1606 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) US AIRWAYS	<b>Transaction ID:</b> 2009M04L21a00459m <b>Date of Disbursement</b>																				
Mailing Address 5620 UNIVERSITY PKWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City WINSTON SALEM State NC Zip Code 27105	Amount of Each Disbursement this Period <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>310.00</td> </tr> </table>																				310.00
									310.00												
Purpose of Disbursement AIR FARE	<div></div>																				
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC	<b>Transaction ID:</b> 2009M04L21a00460 <b>Date of Disbursement</b>																				
Mailing Address 2440 N EDGEWOOD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	Amount of Each Disbursement this Period <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1193.36</td> </tr> </table>																				1193.36
									1193.36												
Purpose of Disbursement AIR FARE	<div></div>																				
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) US AIRWAYS	<b>Transaction ID:</b> 2009M04L21a00460m <b>Date of Disbursement</b>																				
Mailing Address 5620 UNIVERSITY PKWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City WINSTON SALEM State NC Zip Code 27105	Amount of Each Disbursement this Period <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1193.36</td> </tr> </table>																				1193.36
									1193.36												
Purpose of Disbursement AIR FARE	<div></div>																				
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1193.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1607 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DEBBIE LEHARDY & CO, LLC**

Mailing Address **2440 N EDGEWOOD ST**

City **ARLINGTON** State **VA** Zip Code **22207**

Purpose of Disbursement  
**AIR FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00461  
**Date of Disbursement**

/   /

**Amount of Each Disbursement this Period**

**1193.36**

**B.**

Full Name (Last, First, Middle Initial)  
**US AIRWAYS**

Mailing Address **5620 UNIVERSITY PKWY**

City **WINSTON SALEM** State **NC** Zip Code **27105**

Purpose of Disbursement  
**AIR FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00461m  
**Date of Disbursement**

/   /

**Amount of Each Disbursement this Period**

**1193.36**

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
**DEBBIE LEHARDY & CO, LLC**

Mailing Address **2440 N EDGEWOOD ST**

City **ARLINGTON** State **VA** Zip Code **22207**

Purpose of Disbursement  
**AIR FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00462  
**Date of Disbursement**

/   /

**Amount of Each Disbursement this Period**

**1193.36**

**SUBTOTAL** of Disbursements This Page (optional) .....

**2386.72**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1609 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DEBBIE LEHARDY & CO, LLC**

Mailing Address **2440 N EDGEWOOD ST**

City **ARLINGTON** State **VA** Zip Code **22207**

Purpose of Disbursement  
**CAR RENTAL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00464  
**Date of Disbursement**

/   /

**Amount of Each Disbursement this Period**

**373.61**

**B.**

Full Name (Last, First, Middle Initial)  
**THE HERTZ CORPORATION**

Mailing Address **COMMERCIAL BILLING DEPT 1124  
 PO BOX 121124**

City **DALLAS** State **TX** Zip Code **75312**

Purpose of Disbursement  
**CAR RENTAL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00464m  
**Date of Disbursement**

/   /

**Amount of Each Disbursement this Period**

**373.61**

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
**DEBBIE LEHARDY & CO, LLC**

Mailing Address **2440 N EDGEWOOD ST**

City **ARLINGTON** State **VA** Zip Code **22207**

Purpose of Disbursement  
**CAR RENTAL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00465  
**Date of Disbursement**

/   /

**Amount of Each Disbursement this Period**

**373.61**

**SUBTOTAL** of Disbursements This Page (optional) .....

**747.22**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1611 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 DEBBIE LEHARDY & CO, LLC

Mailing Address 2440 N EDGEWOOD ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
 INTERNET SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00467  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.00

**B.**

Full Name (Last, First, Middle Initial)  
 WEBLOYALTY.COM

Mailing Address 101 MERRITT 7  
 4TH FLOOR

City NORWALK State CT Zip Code 06851

Purpose of Disbursement  
 INTERNET SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00467m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
 DEBBIE LEHARDY & CO, LLC

Mailing Address 2440 N EDGEWOOD ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00468  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

14.89

**SUBTOTAL** of Disbursements This Page (optional) .....

26.89

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1612 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 PARADIES, WEST PALM BEACH FL

Mailing Address 1000 PALM BEACH AIRPORT  
 SUITE 131

City WEST PALM BEACH State FL Zip Code 33406

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00468m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

14.89

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
 DEBBIE LEHARDY & CO, LLC

Mailing Address 2440 N EDGEWOOD ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00469  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

16.56

**C.**

Full Name (Last, First, Middle Initial)  
 STARBUCKS, WASHINGTON DC

Mailing Address 237 PENN AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00469m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

16.56

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

16.56

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1613 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC	<b>Transaction ID:</b> 2009M04L21a00470 <b>Date of Disbursement</b>
Mailing Address 2440 N EDGEWOOD ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22207	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>39.18</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) TORTILLA COAST, WASHINGTON DC	<b>Transaction ID:</b> 2009M04L21a00470m <b>Date of Disbursement</b>
Mailing Address 400 FIRST ST SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20016	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>39.18</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC	<b>Transaction ID:</b> 2009M04L21a00471 <b>Date of Disbursement</b>
Mailing Address 2440 N EDGEWOOD ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22207	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>67.37</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

106.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1614 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CUCINA DELL'ARTE Mailing Address 257 ROYAL POINCIANA WAY	<b>Transaction ID:</b> 2009M04L21a00471m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City State Zip Code PALM BEACH FL 33480 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>67.37</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC Mailing Address 2440 N EDGEWOOD ST City State Zip Code ARLINGTON VA 22207 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00472 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>67.37</div>
<b>C.</b> Full Name (Last, First, Middle Initial) CUCINA DELL'ARTE Mailing Address 257 ROYAL POINCIANA WAY City State Zip Code PALM BEACH FL 33480 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00472m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>67.37</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

67.37

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1615 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC	<b>Transaction ID:</b> 2009M04L21a00473 <b>Date of Disbursement</b>
Mailing Address 2440 N EDGEWOOD ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22207	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>68.98</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) DANIEL O'CONNELL'S	<b>Transaction ID:</b> 2009M04L21a00473m <b>Date of Disbursement</b>
Mailing Address 112 KING ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>68.98</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC	<b>Transaction ID:</b> 2009M04L21a00474 <b>Date of Disbursement</b>
Mailing Address 2440 N EDGEWOOD ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22207	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>70.32</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>139.30</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1616 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CARLYLE, ARLINGTON VA	<b>Transaction ID:</b> 2009M04L21a00474m <b>Date of Disbursement</b>																				
Mailing Address 4000 SOUTH 28TH ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">70.32</td> </tr> </table>	70.32																			
70.32																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>B.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC	<b>Transaction ID:</b> 2009M04L21a00475 <b>Date of Disbursement</b>																				
Mailing Address 2440 N EDGEWOOD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">138.36</td> </tr> </table>	138.36																			
138.36																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>C.</b> Full Name (Last, First, Middle Initial) CARLYLE, ARLINGTON VA	<b>Transaction ID:</b> 2009M04L21a00475m <b>Date of Disbursement</b>																				
Mailing Address 4000 SOUTH 28TH ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">138.36</td> </tr> </table>	138.36																			
138.36																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					

**SUBTOTAL** of Disbursements This Page (optional) .....

138.36

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1618 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BANANA CAFE	<b>Transaction ID:</b> 2009M04L21a00477m <b>Date of Disbursement</b>																				
Mailing Address 500 8TH ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">187.63</td> </tr> </table>	187.63																			
187.63																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>B.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC	<b>Transaction ID:</b> 2009M04L21a00478 <b>Date of Disbursement</b>																				
Mailing Address 2440 N EDGEWOOD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">201.81</td> </tr> </table>	201.81																			
201.81																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>C.</b> Full Name (Last, First, Middle Initial) FOUR SEASONS HOTEL, WDC	<b>Transaction ID:</b> 2009M04L21a00478m <b>Date of Disbursement</b>																				
Mailing Address 2800 PENNSYLVANIA AVE NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">201.81</td> </tr> </table>	201.81																			
201.81																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					

**SUBTOTAL** of Disbursements This Page (optional) .....

201.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1619 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC	<b>Transaction ID:</b> 2009M04L21a00479 <b>Date of Disbursement</b>																				
Mailing Address 2440 N EDGEWOOD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">201.82</td> </tr> </table>	201.82																			
201.82																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) FOUR SEASONS HOTEL, WDC	<b>Transaction ID:</b> 2009M04L21a00479m <b>Date of Disbursement</b>																				
Mailing Address 2800 PENNSYLVANIA AVE NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20007	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">201.82</td> </tr> </table>	201.82																			
201.82																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC	<b>Transaction ID:</b> 2009M04L21a00480 <b>Date of Disbursement</b>																				
Mailing Address 2440 N EDGEWOOD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">205.38</td> </tr> </table>	205.38																			
205.38																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**407.20**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1620 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CUCINA DELL'ARTE Mailing Address 257 ROYAL POINCIANA WAY	<b>Transaction ID:</b> 2009M04L21a00480m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City State Zip Code PALM BEACH FL 33480 Purpose of Disbursement MEALS Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>205.38</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC Mailing Address 2440 N EDGEWOOD ST	<b>Transaction ID:</b> 2009M04L21a00481 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City State Zip Code ARLINGTON VA 22207 Purpose of Disbursement MEALS Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>205.38</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) CUCINA DELL'ARTE Mailing Address 257 ROYAL POINCIANA WAY	<b>Transaction ID:</b> 2009M04L21a00481m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City State Zip Code PALM BEACH FL 33480 Purpose of Disbursement MEALS Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>205.38</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

205.38

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1621 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 DEBBIE LEHARDY & CO, LLC

Mailing Address 2440 N EDGEWOOD ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00482

Date of Disbursement

/   /

Amount of Each Disbursement this Period

205.39

**B.**

Full Name (Last, First, Middle Initial)  
 CUCINA DELL'ARTE

Mailing Address 257 ROYAL POINCIANA WAY

City PALM BEACH State FL Zip Code 33480

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00482m

Date of Disbursement

/   /

Amount of Each Disbursement this Period

205.39

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
 DEBBIE LEHARDY & CO, LLC

Mailing Address 2440 N EDGEWOOD ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00483

Date of Disbursement

/   /

Amount of Each Disbursement this Period

229.01

**SUBTOTAL** of Disbursements This Page (optional) .....

434.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1622 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 THE BREAKERS PALM BEACH

Mailing Address ONE SOUTH COUNTY ROAD

City PALM BEACH State FL Zip Code 33480

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00483m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

229.01

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
 DEBBIE LEHARDY & CO, LLC

Mailing Address 2440 N EDGEWOOD ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00484  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

229.01

**C.** Full Name (Last, First, Middle Initial)  
 THE BREAKERS PALM BEACH

Mailing Address ONE SOUTH COUNTY ROAD

City PALM BEACH State FL Zip Code 33480

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00484m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

229.01

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

229.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1623 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC	<b>Transaction ID:</b> 2009M04L21a00485 <b>Date of Disbursement</b>
Mailing Address 2440 N EDGEWOOD ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22207	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>229.03</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) THE BREAKERS PALM BEACH	<b>Transaction ID:</b> 2009M04L21a00485m <b>Date of Disbursement</b>
Mailing Address ONE SOUTH COUNTY ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City PALM BEACH State FL Zip Code 33480	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>229.03</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC	<b>Transaction ID:</b> 2009M04L21a00486 <b>Date of Disbursement</b>
Mailing Address 2440 N EDGEWOOD ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22207	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>242.84</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

471.87

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1624 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**TORTILLA COAST, WASHINGTON DC**

Mailing Address **400 FIRST ST SE**

City **WASHINGTON** State **DC** Zip Code **20016**

Purpose of Disbursement  
**MEALS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00486m  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**242.84**

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
**DEBBIE LEHARDY & CO, LLC**

Mailing Address **2440 N EDGEWOOD ST**

City **ARLINGTON** State **VA** Zip Code **22207**

Purpose of Disbursement  
**MEALS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00487  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**296.34**

**C.**

Full Name (Last, First, Middle Initial)  
**FLAGLER'S STEAKHOUSE**

Mailing Address **TWO SOUTH COUNTY ROAD**

City **PALM BEACH** State **FL** Zip Code **33480**

Purpose of Disbursement  
**MEALS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00487m  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**296.34**

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**296.34**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1625 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC	<b>Transaction ID:</b> 2009M04L21a00488 <b>Date of Disbursement</b>																				
Mailing Address 2440 N EDGEWOOD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">296.34</td> </tr> </table>	296.34																			
296.34																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) FLAGLER'S STEAKHOUSE	<b>Transaction ID:</b> 2009M04L21a00488m <b>Date of Disbursement</b>																				
Mailing Address TWO SOUTH COUNTY ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City PALM BEACH State FL Zip Code 33480	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">296.34</td> </tr> </table>	296.34																			
296.34																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC	<b>Transaction ID:</b> 2009M04L21a00489 <b>Date of Disbursement</b>																				
Mailing Address 2440 N EDGEWOOD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">296.34</td> </tr> </table>	296.34																			
296.34																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**592.68**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1626 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FLAGLER'S STEAKHOUSE	<b>Transaction ID:</b> 2009M04L21a00489m <b>Date of Disbursement</b>
Mailing Address TWO SOUTH COUNTY ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City PALM BEACH State FL Zip Code 33480	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>296.34</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC	<b>Transaction ID:</b> 2009M04L21a00490 <b>Date of Disbursement</b>
Mailing Address 2440 N EDGEWOOD ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22207	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>296.34</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) FLAGLER'S STEAKHOUSE	<b>Transaction ID:</b> 2009M04L21a00490m <b>Date of Disbursement</b>
Mailing Address TWO SOUTH COUNTY ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City PALM BEACH State FL Zip Code 33480	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>296.34</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

296.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1627 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
 DEBBIE LEHARDY & CO, LLC

Mailing Address 2440 N EDGEWOOD ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00491  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

319.07

B.

Full Name (Last, First, Middle Initial)  
 COSTCO, PALM BEACH FL

Mailing Address 3250 NORTHLAKE BLVD

City PALM BEACH GARDENS State FL Zip Code 33403

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00491m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

319.07

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
 DEBBIE LEHARDY & CO, LLC

Mailing Address 2440 N EDGEWOOD ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00492  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

319.07

SUBTOTAL of Disbursements This Page (optional) .....

638.14

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**[MEMO ITEM]**

**[MEMO ITEM]**

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1629 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC	<b>Transaction ID:</b> 2009M04L21a00494 <b>Date of Disbursement</b>
Mailing Address 2440 N EDGEWOOD ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22207	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>848.38</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) THE 21 CLUB	<b>Transaction ID:</b> 2009M04L21a00494m <b>Date of Disbursement</b>
Mailing Address 21 W 52ND ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City NEW YORK State NY Zip Code 10019	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>848.38</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC	<b>Transaction ID:</b> 2009M04L21a00495 <b>Date of Disbursement</b>
Mailing Address 2440 N EDGEWOOD ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22207	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>848.38</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>1696.76</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1630 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) THE 21 CLUB	<b>Transaction ID:</b> 2009M04L21a00495m <b>Date of Disbursement</b>																				
Mailing Address 21 W 52ND ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City NEW YORK State NY Zip Code 10019	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>848.38</td> </tr> </table>	848.38																			
848.38																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>B.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC	<b>Transaction ID:</b> 2009M04L21a00496 <b>Date of Disbursement</b>																				
Mailing Address 2440 N EDGEWOOD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>848.39</td> </tr> </table>	848.39																			
848.39																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) THE 21 CLUB	<b>Transaction ID:</b> 2009M04L21a00496m <b>Date of Disbursement</b>																				
Mailing Address 21 W 52ND ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City NEW YORK State NY Zip Code 10019	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>848.39</td> </tr> </table>	848.39																			
848.39																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					

**SUBTOTAL** of Disbursements This Page (optional) .....

848.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1631 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC	<b>Transaction ID:</b> 2009M04L21a00497 <b>Date of Disbursement</b>
Mailing Address 2440 N EDGEWOOD ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22207	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<div> <div>35.33</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) CSTV NETWORKS	<b>Transaction ID:</b> 2009M04L21a00497m <b>Date of Disbursement</b>
Mailing Address 2035 CORTE DEL NOGAL	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City CARLSBAD State CA Zip Code 92011	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<div> <div>35.33</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC	<b>Transaction ID:</b> 2009M04L21a00498 <b>Date of Disbursement</b>
Mailing Address 2440 N EDGEWOOD ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22207	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<div> <div>248.64</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>283.97</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) <b>DECORIUM</b> <hr/> Mailing Address      116 KING ST <hr/> <div style="display: flex; justify-content: space-between;"> <div>City <b>ALEXANDRIA</b></div> <div>State <b>VA</b></div> <div>Zip Code <b>22314</b></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Purpose of Disbursement <b>OFFICE SUPPLIES</b></div> <div style="border: 1px solid black; width: 100px; height: 30px;"></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Candidate Name</div> <div>Category/ Type</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>           Office Sought: <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President            State:      District:         </div> <div>           Disbursement For:  <input type="checkbox"/> Primary      <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div> </div>	<b>Transaction ID:</b> 2009M04L21a00498m <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small><small>M</small> / <small>D</small><small>D</small> / <small>Y</small><small>Y</small><small>Y</small><small>Y</small></div> <div><b>03 / 06 / 2009</b></div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">248.64</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>DEBBIE LEHARDY &amp; CO, LLC</b> <hr/> Mailing Address      2440 N EDGEWOOD ST <hr/> <div style="display: flex; justify-content: space-between;"> <div>City <b>ARLINGTON</b></div> <div>State <b>VA</b></div> <div>Zip Code <b>22207</b></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Purpose of Disbursement <b>OFFICE SUPPLIES</b></div> <div style="border: 1px solid black; width: 100px; height: 30px;"></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Candidate Name</div> <div>Category/ Type</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>           Office Sought: <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President            State:      District:         </div> <div>           Disbursement For:  <input type="checkbox"/> Primary      <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div> </div>	<b>Transaction ID:</b> 2009M04L21a00499 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small><small>M</small> / <small>D</small><small>D</small> / <small>Y</small><small>Y</small><small>Y</small><small>Y</small></div> <div><b>03 / 06 / 2009</b></div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">515.50</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>STEBEN, CORNING NY</b> <hr/> Mailing Address      1 STEUBEN WAY <hr/> <div style="display: flex; justify-content: space-between;"> <div>City <b>CORNING</b></div> <div>State <b>NY</b></div> <div>Zip Code <b>14830</b></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Purpose of Disbursement <b>OFFICE SUPPLIES</b></div> <div style="border: 1px solid black; width: 100px; height: 30px;"></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Candidate Name</div> <div>Category/ Type</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>           Office Sought: <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President            State:      District:         </div> <div>           Disbursement For:  <input type="checkbox"/> Primary      <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div> </div>	<b>Transaction ID:</b> 2009M04L21a00499m <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small><small>M</small> / <small>D</small><small>D</small> / <small>Y</small><small>Y</small><small>Y</small><small>Y</small></div> <div><b>03 / 06 / 2009</b></div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">515.50</div> <b>[MEMO ITEM]</b>
<div style="display: flex; justify-content: space-between;"> <div> <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶         </div> <div style="border: 1px solid black; padding: 5px; text-align: right; width: 150px;">515.50</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div> <b>TOTAL</b> This Period (last page this line number only) ..... ▶         </div> <div style="border: 1px solid black; padding: 5px; text-align: right; width: 150px;"></div> </div>	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1633 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DEBBIE LEHARDY & CO, LLC**

Mailing Address **2440 N EDGEWOOD ST**

City **ARLINGTON** State **VA** Zip Code **22207**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00500  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**515.50**

**B.**

Full Name (Last, First, Middle Initial)  
**STEUBEN, CORNING NY**

Mailing Address **1 STEUBEN WAY**

City **CORNING** State **NY** Zip Code **14830**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00500m  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**515.50**

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
**DEBBIE LEHARDY & CO, LLC**

Mailing Address **2440 N EDGEWOOD ST**

City **ARLINGTON** State **VA** Zip Code **22207**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00501  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**515.50**

**SUBTOTAL** of Disbursements This Page (optional) .....

**1031.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1634 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) STEUBEN, CORNING NY	<b>Transaction ID:</b> 2009M04L21a00501m <b>Date of Disbursement</b>																				
Mailing Address 1 STEUBEN WAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City CORNING State NY Zip Code 14830	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5</td><td>1</td><td>5</td><td>.</td><td>5</td><td>0</td> </tr> </table>	5	1	5	.	5	0														
5	1	5	.	5	0																
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>B.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC	<b>Transaction ID:</b> 2009M04L21a00502 <b>Date of Disbursement</b>																				
Mailing Address 2440 N EDGEWOOD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5</td><td>1</td><td>5</td><td>.</td><td>5</td><td>0</td> </tr> </table>	5	1	5	.	5	0														
5	1	5	.	5	0																
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>C.</b> Full Name (Last, First, Middle Initial) STEUBEN, CORNING NY	<b>Transaction ID:</b> 2009M04L21a00502m <b>Date of Disbursement</b>																				
Mailing Address 1 STEUBEN WAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City CORNING State NY Zip Code 14830	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5</td><td>1</td><td>5</td><td>.</td><td>5</td><td>0</td> </tr> </table>	5	1	5	.	5	0														
5	1	5	.	5	0																
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					

SUBTOTAL of Disbursements This Page (optional) .....

515.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1635 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC	<b>Transaction ID:</b> 2009M04L21a00503 <b>Date of Disbursement</b>																				
Mailing Address 2440 N EDGEWOOD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td>734.92</td> </tr> </table>	734.92																			
734.92																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) NATIONAL BOOK NETWORK	<b>Transaction ID:</b> 2009M04L21a00503m <b>Date of Disbursement</b>																				
Mailing Address PO BOX 62188	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City BALTIMORE State MD Zip Code 21264	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td>734.92</td> </tr> </table>	734.92																			
734.92																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DEBBIE LEHARDY & CO, LLC	<b>Transaction ID:</b> 2009M04L21a00504 <b>Date of Disbursement</b>																				
Mailing Address 2440 N EDGEWOOD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td>734.92</td> </tr> </table>	734.92																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1469.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1636 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>NATIONAL BOOK NETWORK</b>	<b>Transaction ID:</b> 2009M04L21a00504m <b>Date of Disbursement</b>																				
<b>Mailing Address</b> PO BOX 62188	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
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0	3		0	6		2	0	0	9												
<b>City</b> BALTIMORE <b>State</b> MD <b>Zip Code</b> 21264	<b>Amount of Each Disbursement this Period</b>																				
<b>Purpose of Disbursement</b> OFFICE SUPPLIES	<table border="1"> <tr> <td>734.92</td> </tr> </table>	734.92																			
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<b>Candidate Name</b>	<b>Category/Type</b>																				
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <b>District:</b>	<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>B.</b> Full Name (Last, First, Middle Initial) <b>DEBBIE LEHARDY &amp; CO, LLC</b>	<b>Transaction ID:</b> 2009M04L21a00505 <b>Date of Disbursement</b>																				
<b>Mailing Address</b> 2440 N EDGEWOOD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
<b>City</b> ARLINGTON <b>State</b> VA <b>Zip Code</b> 22207	<b>Amount of Each Disbursement this Period</b>																				
<b>Purpose of Disbursement</b> OFFICE SUPPLIES	<table border="1"> <tr> <td>734.92</td> </tr> </table>	734.92																			
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<b>Candidate Name</b>	<b>Category/Type</b>																				
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <b>District:</b>	<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>C.</b> Full Name (Last, First, Middle Initial) <b>NATIONAL BOOK NETWORK</b>	<b>Transaction ID:</b> 2009M04L21a00505m <b>Date of Disbursement</b>																				
<b>Mailing Address</b> PO BOX 62188	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
<b>City</b> BALTIMORE <b>State</b> MD <b>Zip Code</b> 21264	<b>Amount of Each Disbursement this Period</b>																				
<b>Purpose of Disbursement</b> OFFICE SUPPLIES	<table border="1"> <tr> <td>734.92</td> </tr> </table>	734.92																			
734.92																					
<b>Candidate Name</b>	<b>Category/Type</b>																				
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <b>District:</b>	<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

734.92

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1637 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
 DEBBIE LEHARDY & CO, LLC

Mailing Address 2440 N EDGEWOOD ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
 TAXI

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00506  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

16.35

B.

Full Name (Last, First, Middle Initial)  
 DEBBIE LEHARDY & CO, LLC

Mailing Address 2440 N EDGEWOOD ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
 TAXI

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00507  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

22.00

C.

Full Name (Last, First, Middle Initial)  
 DEBBIE LEHARDY & CO, LLC

Mailing Address 2440 N EDGEWOOD ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
 TAXI

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00508  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

258.50

SUBTOTAL of Disbursements This Page (optional) .....

296.85

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1638 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
 DEBBIE LEHARDY & CO, LLC

Mailing Address 2440 N EDGEWOOD ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
 TELEPHONE CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00509  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

109.46

B.

Full Name (Last, First, Middle Initial)  
 AT & T MOBILITY

Mailing Address P O BOX 6463

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement  
 TELEPHONE CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00509m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

109.46

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
 DEBBIE LEHARDY & CO, LLC

Mailing Address 2440 N EDGEWOOD ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
 TIPS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00510  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional) .....

149.46

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1639 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 DEBBIE LEHARDY & CO, LLC

Mailing Address 2440 N EDGEWOOD ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
 TIPS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00511

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1170.00

**B.** Full Name (Last, First, Middle Initial)  
 LEXIS NEXIS

Mailing Address PO BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement  
 ONLINE CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00512

Date of Disbursement

/   /

Amount of Each Disbursement this Period

213.77

**C.** Full Name (Last, First, Middle Initial)  
 LEXIS NEXIS

Mailing Address PO BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement  
 ONLINE CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00513

Date of Disbursement

/   /

Amount of Each Disbursement this Period

962.51

**SUBTOTAL** of Disbursements This Page (optional) .....

2346.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1640 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) LEXIS NEXIS	<b>Transaction ID:</b> 2009M04L21a00514 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 7247-7090	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City PHILADELPHIA State PA Zip Code 19170	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ONLINE CHARGES	<table border="1"> <tr> <td colspan="10">2262.46</td> </tr> </table>	2262.46																			
2262.46																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) THE LUKENS COMPANY	<b>Transaction ID:</b> 2009M04L21a00515 <b>Date of Disbursement</b>																				
Mailing Address 2800 SHIRLINGTON ROAD 9TH FLOOR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City ARLINGTON State VA Zip Code 22206	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MAIL PRODUCTION	<table border="1"> <tr> <td colspan="10">15440.28</td> </tr> </table>	15440.28																			
15440.28																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) GEORGE F LYNCH JR, P.C.	<b>Transaction ID:</b> 2009M04L21a00516 <b>Date of Disbursement</b>																				
Mailing Address CERTIFIED PUBLIC ACCOUNTANT 700 PRINCESS STREET,STE 200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ACCOUNTING SERVICE	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

20702.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1641 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)          AMBER LYONS</p> <p>Mailing Address 520 JOHN CARLYLE ST          APT 326</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement          CATERING COST</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00517  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>799.88</div></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)          WINDOWS CATERING</p> <p>Mailing Address 5724 GENERAL WASHINGTON DRIVE</p> <p>City ALEXANDRIA State VA Zip Code 22312</p> <p>Purpose of Disbursement          CATERING COST</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00517m  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>799.88</div></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)          AMBER LYONS</p> <p>Mailing Address 520 JOHN CARLYLE ST          APT 326</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement          MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00518  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>46.15</div></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**846.03**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1642 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) THE CHEESECAKE FACTORY, VA	<b>Transaction ID:</b> 2009M04L21a00518m <b>Date of Disbursement</b>																				
Mailing Address 2900 WILSON RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period <table border="1"> <tr> <td>46.15</td> </tr> </table>	46.15																			
46.15																					
Purpose of Disbursement MEALS Candidate Name Category/Type	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) MADISON MANAGEMENT GROUP	<b>Transaction ID:</b> 2009M04L21a00519 <b>Date of Disbursement</b>																				
Mailing Address 3101 HEMLOCK HILLS LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City APEX State NC Zip Code 27539	Amount of Each Disbursement this Period <table border="1"> <tr> <td>13500.00</td> </tr> </table>	13500.00																			
13500.00																					
Purpose of Disbursement CONSULTING-STAFF ASSISTANT Candidate Name Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) TORY MAGUIRE	<b>Transaction ID:</b> 2009M04L21a00520 <b>Date of Disbursement</b>																				
Mailing Address 620 9TH ST SW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20024	Amount of Each Disbursement this Period <table border="1"> <tr> <td>230.00</td> </tr> </table>	230.00																			
230.00																					
Purpose of Disbursement EQUIPMENT REIMBURSEMENT Candidate Name Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

**SUBTOTAL** of Disbursements This Page (optional) .....

13730.00

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1644 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MAIL AMERICA COMMUNICATIONS,**

Mailing Address **INC.**  
**PO BOX 643184**

City **CINCINNATI** State **OH** Zip Code **45264**

Purpose of Disbursement  
**PRINT,MAIL PRODUCTION**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00523**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**167636.17**

**B.** Full Name (Last, First, Middle Initial)  
**COURTYARD MARRIOTT LINCROFT**

Mailing Address **245 HALF MILE RD**

City **RED BANK** State **NJ** Zip Code **07701**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00524**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**4811.65**

**C.** Full Name (Last, First, Middle Initial)  
**MARSH COPSEY & ASSOCIATES,INC.**

Mailing Address **1334 PENNSYLVANIA AVE SE**

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement  
**STAFF CONSULTING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00525**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**7000.00**

**SUBTOTAL** of Disbursements This Page (optional) .....

**179447.82**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1645 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial)  
MARSH COPSEY & ASSOCIATES, INC.

Mailing Address 1334 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
STAFF CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00526

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	0	9

Amount of Each Disbursement this Period

7000.00

**B.** Full Name (Last, First, Middle Initial)  
MCCAIN PALIN 2008

Mailing Address P O BOX 16118

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00527

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	9

Amount of Each Disbursement this Period

1615.00

**C.** Full Name (Last, First, Middle Initial)  
MCDERMOTT WILL & EMERY

Mailing Address P O BOX 7247-6751

City PHILADELPHIA State PA Zip Code 19170-6751

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00528

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	9

Amount of Each Disbursement this Period

50000.00

SUBTOTAL of Disbursements This Page (optional) .....

58615.00

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1648 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**VERIZON WIRELESS**

Mailing Address **P O BOX 25505**

City  
**LEHIGH VALLEY**

State  
**PA**

Zip Code  
**18002**

Purpose of Disbursement  
**TELEPHONE CHARGES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00534m

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**56.73**

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

**MCLAUGHLIN & ASSOCIATES**

Mailing Address **566 SOUTH ROUTE 303**

City  
**BLAUVELT**

State  
**NY**

Zip Code  
**10913**

Purpose of Disbursement  
**SURVEY COST**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00535

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**4750.00**

**C.**

Full Name (Last, First, Middle Initial)

**MDI IMAGING AND MAIL**

Mailing Address **21955 CASCADES PARKWAY**

City  
**DULLES**

State  
**VA**

Zip Code  
**20166**

Purpose of Disbursement  
**POSTAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00536

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**20568.12**

**SUBTOTAL** of Disbursements This Page (optional) .....

**25318.12**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1649 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MDS COMMUNICATIONS CORPORATION	<b>Transaction ID:</b> 2009M04L21a00537 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 16006	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	0	9												
City PHOENIX State AZ Zip Code 85011	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td colspan="10">24.00</td> </tr> </table>	24.00																			
24.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MDS COMMUNICATIONS CORPORATION	<b>Transaction ID:</b> 2009M04L21a00538 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 16006	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City PHOENIX State AZ Zip Code 85011	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td colspan="10">59.00</td> </tr> </table>	59.00																			
59.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MDS COMMUNICATIONS CORPORATION	<b>Transaction ID:</b> 2009M04L21a00539 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 16006	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	0	9												
City PHOENIX State AZ Zip Code 85011	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td colspan="10">66.00</td> </tr> </table>	66.00																			
66.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**149.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1650 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MDS COMMUNICATIONS CORPORATION

Mailing Address PO BOX 16006

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement  
TELEMARKETING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00540

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	0	9

Amount of Each Disbursement this Period

114.00

**B.**Full Name (Last, First, Middle Initial)  
MDS COMMUNICATIONS CORPORATION

Mailing Address PO BOX 16006

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement  
TELEMARKETING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00541

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	0	9

Amount of Each Disbursement this Period

114.00

**C.**Full Name (Last, First, Middle Initial)  
MDS COMMUNICATIONS CORPORATION

Mailing Address PO BOX 16006

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement  
TELEMARKETING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00542

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	0	9

Amount of Each Disbursement this Period

132.00

SUBTOTAL of Disbursements This Page (optional) .....

360.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1651 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MDS COMMUNICATIONS CORPORATION	<b>Transaction ID:</b> 2009M04L21a00543 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 16006	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	0	9												
City PHOENIX State AZ Zip Code 85011	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>232.00</td> </tr> </table>	232.00																			
232.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MDS COMMUNICATIONS CORPORATION	<b>Transaction ID:</b> 2009M04L21a00544 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 16006	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	0	9												
City PHOENIX State AZ Zip Code 85011	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>420.00</td> </tr> </table>	420.00																			
420.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MDS COMMUNICATIONS CORPORATION	<b>Transaction ID:</b> 2009M04L21a00545 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 16006	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City PHOENIX State AZ Zip Code 85011	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>1643.00</td> </tr> </table>	1643.00																			
1643.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**2295.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1652 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 MDS COMMUNICATIONS CORPORATION

Mailing Address PO BOX 16006

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00546

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1661.55

**B.**

Full Name (Last, First, Middle Initial)  
 MDS COMMUNICATIONS CORPORATION

Mailing Address PO BOX 16006

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00547

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2228.65

**C.**

Full Name (Last, First, Middle Initial)  
 MDS COMMUNICATIONS CORPORATION

Mailing Address PO BOX 16006

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00548

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3442.50

**SUBTOTAL** of Disbursements This Page (optional) .....

7332.70

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1653 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MDS COMMUNICATIONS CORPORATION	<b>Transaction ID:</b> 2009M04L21a00549 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 16006	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City PHOENIX State AZ Zip Code 85011	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td colspan="10">3996.20</td> </tr> </table>	3996.20																			
3996.20																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MDS COMMUNICATIONS CORPORATION	<b>Transaction ID:</b> 2009M04L21a00550 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 16006	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City PHOENIX State AZ Zip Code 85011	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td colspan="10">4381.00</td> </tr> </table>	4381.00																			
4381.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MDS COMMUNICATIONS CORPORATION	<b>Transaction ID:</b> 2009M04L21a00551 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 16006	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City PHOENIX State AZ Zip Code 85011	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td colspan="10">6744.25</td> </tr> </table>	6744.25																			
6744.25																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**15121.45**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1654 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 MDS COMMUNICATIONS CORPORATION

Mailing Address PO BOX 16006

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00552

Date of Disbursement

03 / 05 / 2009

Amount of Each Disbursement this Period

7261.00

**B.** Full Name (Last, First, Middle Initial)  
 MDS COMMUNICATIONS CORPORATION

Mailing Address PO BOX 16006

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00553

Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

7624.05

**C.** Full Name (Last, First, Middle Initial)  
 MDS COMMUNICATIONS CORPORATION

Mailing Address PO BOX 16006

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00554

Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

8008.30

**SUBTOTAL** of Disbursements This Page (optional) .....

22893.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1655 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MDS COMMUNICATIONS CORPORATION	<b>Transaction ID:</b> 2009M04L21a00555 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 16006	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City PHOENIX State AZ Zip Code 85011	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td colspan="10">9065.65</td> </tr> </table>	9065.65																			
9065.65																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MDS COMMUNICATIONS CORPORATION	<b>Transaction ID:</b> 2009M04L21a00556 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 16006	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	0	9												
City PHOENIX State AZ Zip Code 85011	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td colspan="10">9572.00</td> </tr> </table>	9572.00																			
9572.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MDS COMMUNICATIONS CORPORATION	<b>Transaction ID:</b> 2009M04L21a00557 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 16006	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City PHOENIX State AZ Zip Code 85011	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td colspan="10">9884.50</td> </tr> </table>	9884.50																			
9884.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**28522.15**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1656 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 MDS COMMUNICATIONS CORPORATION

Mailing Address PO BOX 16006

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00558

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10207.80

**B.**

Full Name (Last, First, Middle Initial)  
 MDS COMMUNICATIONS CORPORATION

Mailing Address PO BOX 16006

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00559

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10237.50

**C.**

Full Name (Last, First, Middle Initial)  
 MDS COMMUNICATIONS CORPORATION

Mailing Address PO BOX 16006

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00560

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12362.00

**SUBTOTAL** of Disbursements This Page (optional) .....

32807.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1657 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 MDS COMMUNICATIONS CORPORATION

Mailing Address PO BOX 16006

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00561

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15714.50

**B.** Full Name (Last, First, Middle Initial)  
 MDS COMMUNICATIONS CORPORATION

Mailing Address PO BOX 16006

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00562

Date of Disbursement

/   /

Amount of Each Disbursement this Period

18470.50

**C.** Full Name (Last, First, Middle Initial)  
 MELISSA DATA CORPORATION

Mailing Address 22382 AVENIDA EMPRESA

City RANCHO SANTA MARGA State CA Zip Code 92688

Purpose of Disbursement  
 SOFTWARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00563

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1708.00

**SUBTOTAL** of Disbursements This Page (optional) .....

35893.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1658 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MICRO AGE	<b>Transaction ID:</b> 2009M04L21a00564 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 2941	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City PHOENIX State AZ Zip Code 85062	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement COMPUTER EQUIPMENT Candidate Name	<table border="1"> <tr> <td colspan="10">288.27</td> </tr> </table>	288.27																			
288.27																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MICRO AGE	<b>Transaction ID:</b> 2009M04L21a00565 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 2941	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City PHOENIX State AZ Zip Code 85062	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement COMPUTER EQUIPMENT Candidate Name	<table border="1"> <tr> <td colspan="10">950.57</td> </tr> </table>	950.57																			
950.57																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MICRO AGE	<b>Transaction ID:</b> 2009M04L21a00566 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 2941	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City PHOENIX State AZ Zip Code 85062	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">376.36</td> </tr> </table>	376.36																			
376.36																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1615.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1659 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MOORE WALLACE-AN RR DONNELLEY**

Mailing Address **COMPANY**  
**PO BOX 905046**

City **CHARLOTTE** State **NC** Zip Code **28290**

Purpose of Disbursement  
**PRINTING COST**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2009M04L21a00567

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**2360.16**

**B.** Full Name (Last, First, Middle Initial)  
**MUZAK, LLC**

Mailing Address **P O BOX 71070**

City **CHARLOTTE** State **NC** Zip Code **28272-1070**

Purpose of Disbursement  
**MUSIC SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2009M04L21a00568

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**95.96**

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL CAR RENTAL**

Mailing Address **P O BOX 402334**

City **ATLANTA** State **GA** Zip Code **30384**

Purpose of Disbursement  
**CAR RENTAL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2009M04L21a00569

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**143.33**

**SUBTOTAL** of Disbursements This Page (optional) .....

**2599.45**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

169.10

763.29

493.35

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1661 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NATIONAL CAPITAL TELESERVICES	<b>Transaction ID:</b> 2009M04L21a00573 <b>Date of Disbursement</b>
Mailing Address LLC 300 FIFTH STREET, NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TELEMARKETING	<div> <div></div> <div>4365.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) NATIONAL CAPITAL TELESERVICES	<b>Transaction ID:</b> 2009M04L21a00574 <b>Date of Disbursement</b>
Mailing Address LLC 300 FIFTH STREET, NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TELEMARKETING	<div> <div></div> <div>5070.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) NATIONAL CAPITAL TELESERVICES	<b>Transaction ID:</b> 2009M04L21a00575 <b>Date of Disbursement</b>
Mailing Address LLC 300 FIFTH STREET, NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TELEMARKETING	<div> <div></div> <div>10250.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

19685.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1662 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>NATIONAL CAPITAL TELESERVICES</b></p> <p>Mailing Address <b>LLC</b>  <b>300 FIFTH STREET, NE</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20002</b></p> <p>Purpose of Disbursement  <b>TELEMARKETING</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00576  <b>Date of Disbursement</b>  <div> <div>03</div> <div>30</div> <div>2009</div> </div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>17770.00</div></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>NATIONAL CAPITAL TELESERVICES</b></p> <p>Mailing Address <b>LLC</b>  <b>300 FIFTH STREET, NE</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20002</b></p> <p>Purpose of Disbursement  <b>TELEMARKETING</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00577  <b>Date of Disbursement</b>  <div> <div>03</div> <div>30</div> <div>2009</div> </div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>26365.00</div></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>NATIONAL CAPITAL TELESERVICES</b></p> <p>Mailing Address <b>LLC</b>  <b>300 FIFTH STREET, NE</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20002</b></p> <p>Purpose of Disbursement  <b>TELEMARKETING</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00578  <b>Date of Disbursement</b>  <div> <div>03</div> <div>26</div> <div>2009</div> </div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>30810.00</div></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**74945.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1663 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 NATIONAL CAPITAL TELESERVICES

Mailing Address LLC  
 300 FIFTH STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00579

Date of Disbursement

MM / DD / YYYY  
 03 / 05 / 2009

Amount of Each Disbursement this Period

55820.00

**B.**

Full Name (Last, First, Middle Initial)  
 NETWORK SOLUTIONS

Mailing Address 13861 SUNRISE VALLEY DRIVE

City HERNDON State VA Zip Code 20171

Purpose of Disbursement  
 DOMAIN RENEWALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00580

Date of Disbursement

MM / DD / YYYY  
 03 / 19 / 2009

Amount of Each Disbursement this Period

283.00

**C.**

Full Name (Last, First, Middle Initial)  
 NEW MEXICO'S TEXAS COACHES,LLC

Mailing Address 4100 NATIONAL PARKS HWY  
 SUITE D

City CARLSBAD State NM Zip Code 88220

Purpose of Disbursement  
 TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00581

Date of Disbursement

MM / DD / YYYY  
 03 / 05 / 2009

Amount of Each Disbursement this Period

1335.16

**SUBTOTAL** of Disbursements This Page (optional) .....

57438.16

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1665 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) US AIRWAYS	<b>Transaction ID:</b> 2009M04L21a00584m <b>Date of Disbursement</b>
Mailing Address 5620 UNIVERSITY PKWY	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City WINSTON SALEM State NC Zip Code 27105	<b>Amount of Each Disbursement this Period</b> <div>919.20</div>
Purpose of Disbursement AIR FARE Candidate Name	<div> <div>Category/Type</div> <div>[MEMO ITEM]</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) OVAL OFFICE WRITERS,LLC	<b>Transaction ID:</b> 2009M04L21a00585 <b>Date of Disbursement</b>
Mailing Address 431 SOUTH FAIRFAX STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b> <div>16900.00</div>
Purpose of Disbursement SPEECH WRITING Candidate Name	<div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) PAO'S CUSTOM DECKS AND	<b>Transaction ID:</b> 2009M04L21a00586 <b>Date of Disbursement</b>
Mailing Address CONST. LLC 1859 GATES DRIVE WEST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City PLATTE CITY State MO Zip Code 64079	<b>Amount of Each Disbursement this Period</b> <div>500.00</div>
Purpose of Disbursement LABOR COST Candidate Name	<div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

17400.00

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

273.60

334.60

334.60

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1667 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) PC GROUP	<b>Transaction ID:</b> 2009M04L21a00589 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 398	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City MCLEAN State VA Zip Code 22101	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>400.00</td> </tr> </table>	400.00																			
400.00																					
Purpose of Disbursement SOFTWARE MAINTENANCE Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) PEPCO	<b>Transaction ID:</b> 2009M04L21a00590 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 4863	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City TRENTON State NJ Zip Code 08650-4863	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>22171.31</td> </tr> </table>	22171.31																			
22171.31																					
Purpose of Disbursement UTILITIES Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) DAN PERKINS	<b>Transaction ID:</b> 2009M04L21a00591 <b>Date of Disbursement</b>																				
Mailing Address 403 ROLAND ST SW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City VIENNA State VA Zip Code 22180	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>37.95</td> </tr> </table>	37.95																			
37.95																					
Purpose of Disbursement INTERNET SERVICES Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**22609.26**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1668 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON Mailing Address P O BOX 660720	<b>Transaction ID:</b> 2009M04L21a00591m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City DALLAS State TX Zip Code 75266-0720 Purpose of Disbursement INTERNET SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>37.95</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) DAN PERKINS Mailing Address 403 ROLAND ST SW City VIENNA State VA Zip Code 22180 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00592 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>62.10</div>
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON Mailing Address P O BOX 660720 City DALLAS State TX Zip Code 75266-0720 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00592m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>62.10</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

62.10

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1669 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TREVOR PERSON

Mailing Address 42 ALSACE COURT

City State Zip Code  
 LITTLE ROCK AR 72223

Purpose of Disbursement  
 FUEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00593

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7.10

**B.**

Full Name (Last, First, Middle Initial)

TREVOR PERSON

Mailing Address 42 ALSACE COURT

City State Zip Code  
 LITTLE ROCK AR 72223

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00594

Date of Disbursement

/   /

Amount of Each Disbursement this Period

138.60

**C.**

Full Name (Last, First, Middle Initial)

HAMPTON, ALEXANDRIA VA

Mailing Address 1616 KING ST

City State Zip Code  
 ALEXANDRIA VA 22314

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00594m

Date of Disbursement

/   /

Amount of Each Disbursement this Period

138.60

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

145.70

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1670 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

TREVOR PERSON

Mailing Address 42 ALSACE COURT

City  
LITTLE ROCKState  
ARZip Code  
72223Purpose of Disbursement  
MEALS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00595

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	9

Amount of Each Disbursement this Period

4.24

**B.**

Full Name (Last, First, Middle Initial)

MCDONALD'S, RONALD REAGAN WDC

Mailing Address 1 AVIATION CIRCLE

City  
WASHINGTONState  
DCZip Code  
20001Purpose of Disbursement  
MEALS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00595m

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	9

Amount of Each Disbursement this Period

4.24

**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

TREVOR PERSON

Mailing Address 42 ALSACE COURT

City  
LITTLE ROCKState  
ARZip Code  
72223Purpose of Disbursement  
MEALS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00596

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	9

Amount of Each Disbursement this Period

4.49

**SUBTOTAL** of Disbursements This Page (optional) .....

8.73

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1671 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 FABER NEWS, WASHINGTON DC

Mailing Address 1 AVIATION

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00596m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.49

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
 TREVOR PERSON

Mailing Address 42 ALSACE COURT

City LITTLE ROCK State AR Zip Code 72223

Purpose of Disbursement  
 PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00597  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
 TREVOR PERSON

Mailing Address 42 ALSACE COURT

City LITTLE ROCK State AR Zip Code 72223

Purpose of Disbursement  
 TELEPHONE CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00598  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

92.95

**SUBTOTAL** of Disbursements This Page (optional) .....

112.95

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**[MEMO ITEM]**

1000.00

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1674 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) PRESS ASSOCIATION, INC Mailing Address PO BOX 414243	<b>Transaction ID:</b> 2009M04L21a00603 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City BOSTON State MA Zip Code 02241 Purpose of Disbursement SUBSCRIPTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>2100.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) REINCE PRIEBUS Mailing Address 2340 2ND STREET City KENOSHA State WI Zip Code 53140 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00604 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>667.20</div>
<b>C.</b> Full Name (Last, First, Middle Initial) UNITED AIRLINES Mailing Address PO BOX 2013 City CHICAGO State IL Zip Code 60673 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00604m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>667.20</div> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2767.20**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1675 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**REINCE PRIEBUS**

Mailing Address **2340 2ND STREET**

City  
**KENOSHA**

State  
**WI**

Zip Code  
**53140**

Purpose of Disbursement  
**AIR FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00605**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**1348.38**

**B.**

Full Name (Last, First, Middle Initial)

**ORBITZ**

Mailing Address **1 HARBORSIDE DRIVE**

City  
**EAST BOSTON**

State  
**MA**

Zip Code  
**02128**

Purpose of Disbursement  
**AIR FARE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00605m**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**1348.38**

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

**REINCE PRIEBUS**

Mailing Address **2340 2ND STREET**

City  
**KENOSHA**

State  
**WI**

Zip Code  
**53140**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00606**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**308.01**

**SUBTOTAL** of Disbursements This Page (optional) .....

**1656.39**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**[MEMO ITEM]**

**[MEMO ITEM]**

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1677 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) REINCE PRIEBUS	<b>Transaction ID:</b> 2009M04L21a00608 <b>Date of Disbursement</b>																				
Mailing Address 2340 2ND STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City KENOSHA State WI Zip Code 53140	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PARKING Candidate Name	<table border="1"> <tr> <td colspan="10">145.00</td> </tr> </table>	145.00																			
145.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) REINCE PRIEBUS	<b>Transaction ID:</b> 2009M04L21a00609 <b>Date of Disbursement</b>																				
Mailing Address 2340 2ND STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City KENOSHA State WI Zip Code 53140	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TAXI'S Candidate Name	<table border="1"> <tr> <td colspan="10">128.00</td> </tr> </table>	128.00																			
128.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PUBLIC STORAGE	<b>Transaction ID:</b> 2009M04L21a00610 <b>Date of Disbursement</b>																				
Mailing Address 7975 BRANCH AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City CLINTON State MD Zip Code 20735	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement STORAGE COST Candidate Name	<table border="1"> <tr> <td colspan="10">32.00</td> </tr> </table>	32.00																			
32.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">305.00</td> </tr> </table>	305.00																			
305.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1678 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PUBLIC STORAGE

Mailing Address 7975 BRANCH AVE

City CLINTON State MD Zip Code 20735

Purpose of Disbursement  
 STORAGE COST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00611

Date of Disbursement

/   /

Amount of Each Disbursement this Period

195.50

**B.**

Full Name (Last, First, Middle Initial)

PUBLIC STORAGE

Mailing Address 7975 BRANCH AVE

City CLINTON State MD Zip Code 20735

Purpose of Disbursement  
 STORAGE COST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00612

Date of Disbursement

/   /

Amount of Each Disbursement this Period

218.50

**C.**

Full Name (Last, First, Middle Initial)

PUBLIC STORAGE

Mailing Address 7975 BRANCH AVE

City CLINTON State MD Zip Code 20735

Purpose of Disbursement  
 STORAGE COST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00613

Date of Disbursement

/   /

Amount of Each Disbursement this Period

218.50

**SUBTOTAL** of Disbursements This Page (optional) .....

632.50

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

238.00

937.40

937.40

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

717.93

717.93

13.62

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1683 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 BULLFEATHERS, WASHINGTON DC

Mailing Address 410 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00623m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

13.62

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
 RANDY PULLEN

Mailing Address 4915 E LAYAYETTE

City PHOENIX State AZ Zip Code 85018

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00624  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.50

**C.** Full Name (Last, First, Middle Initial)  
 CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00624m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.50

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

30.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1684 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) RANDY PULLEN	<b>Transaction ID:</b> 2009M04L21a00625 <b>Date of Disbursement</b>																				
Mailing Address 4915 E LAYAYETTE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	9													
City PHOENIX State AZ Zip Code 85018	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>152.90</td> </tr> </table>	152.90																			
152.90																					
Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) SONOMA, WASHINGTON DC	<b>Transaction ID:</b> 2009M04L21a00625m <b>Date of Disbursement</b>																				
Mailing Address 223 PENNSYLVANIA AVE SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	9													
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>152.90</td> </tr> </table>	152.90																			
152.90																					
Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) RANDY PULLEN	<b>Transaction ID:</b> 2009M04L21a00626 <b>Date of Disbursement</b>																				
Mailing Address 4915 E LAYAYETTE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	9													
City PHOENIX State AZ Zip Code 85018	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>38.00</td> </tr> </table>	38.00																			
38.00																					
Purpose of Disbursement PARKING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

190.90

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1685 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 PVI OFFICE FURNITURE

Mailing Address 2421 MONOCACY BLVD

City FREDERICK State MD Zip Code 21701

Purpose of Disbursement  
 OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00627

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 03 26 2009

Amount of Each Disbursement this Period

2684.53

**B.**

Full Name (Last, First, Middle Initial)  
 SHANNON REEVES

Mailing Address 605 CLARIDAN RANCH RD

City SOUTHLAKE State TX Zip Code 76092

Purpose of Disbursement  
 FUEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00628

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 03 05 2009

Amount of Each Disbursement this Period

6.52

**C.**

Full Name (Last, First, Middle Initial)  
 SHANNON REEVES

Mailing Address 605 CLARIDAN RANCH RD

City SOUTHLAKE State TX Zip Code 76092

Purpose of Disbursement  
 FUEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00629

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 03 26 2009

Amount of Each Disbursement this Period

8.59

**SUBTOTAL** of Disbursements This Page (optional) .....

2699.64

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1687 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**COURTYARD MARRIOTT AUSTIN**

Mailing Address **4533 SOUTH- LANE 35**

City **AUSTIN** State **TX** Zip Code **78744**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00632m  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**154.63**

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**SHANNON REEVES**

Mailing Address **605 CLARIDAN RANCH RD**

City **SOUTHLAKE** State **TX** Zip Code **76092**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00633  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**155.00**

**C.** Full Name (Last, First, Middle Initial)  
**HILTON, ATLANTA GA**

Mailing Address **1031 VIRGINIA AVENUE**

City **ATLANTA** State **GA** Zip Code **30354**

Purpose of Disbursement  
**LODGING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00633m  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**155.00**

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**155.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1688 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SHANNON REEVES	<b>Transaction ID:</b> 2009M04L21a00634 <b>Date of Disbursement</b>																				
Mailing Address 605 CLARIDAN RANCH RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City SOUTHLAKE State TX Zip Code 76092	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>183.83</td> </tr> </table>	183.83																			
183.83																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) THE LAQTHAM HOTEL, WDC	<b>Transaction ID:</b> 2009M04L21a00634m <b>Date of Disbursement</b>																				
Mailing Address 3000 M ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20007	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>183.83</td> </tr> </table>	183.83																			
183.83																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SHANNON REEVES	<b>Transaction ID:</b> 2009M04L21a00635 <b>Date of Disbursement</b>																				
Mailing Address 605 CLARIDAN RANCH RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City SOUTHLAKE State TX Zip Code 76092	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>266.90</td> </tr> </table>	266.90																			
266.90																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**450.73**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1689 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 HAMPTON, WASHINGTON DC

Mailing Address 901 6TH ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00635m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

266.90

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
 SHANNON REEVES

Mailing Address 605 CLARIDAN RANCH RD

City SOUTHLAKE State TX Zip Code 76092

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00636  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

299.50

**C.**

Full Name (Last, First, Middle Initial)  
 HILTON, SHREVEPORT

Mailing Address 104 MARKET STREET

City SHREVEPORT State LA Zip Code 71101

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00636m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

299.50

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

299.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1690 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SHANNON REEVES	<b>Transaction ID:</b> 2009M04L21a00637 <b>Date of Disbursement</b>																				
Mailing Address 605 CLARIDAN RANCH RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City SOUTHLAKE State TX Zip Code 76092	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>303.37</td> </tr> </table>	303.37																			
303.37																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) HILTON, LOS ANGELES CA	<b>Transaction ID:</b> 2009M04L21a00637m <b>Date of Disbursement</b>																				
Mailing Address 5711 WEST CENTURY BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City LOS ANGELES State CA Zip Code 90045	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>303.37</td> </tr> </table>	303.37																			
303.37																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SHANNON REEVES	<b>Transaction ID:</b> 2009M04L21a00638 <b>Date of Disbursement</b>																				
Mailing Address 605 CLARIDAN RANCH RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City SOUTHLAKE State TX Zip Code 76092	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>369.56</td> </tr> </table>	369.56																			
369.56																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**672.93**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1691 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 COURTYARD MARRIOTT WASHINGTON

Mailing Address CAPITOL HILL  
 140 L STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00638m  
 Date of Disbursement

03 / 05 / 2009

Amount of Each Disbursement this Period

369.56

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
 SHANNON REEVES

Mailing Address 605 CLARIDAN RANCH RD

City SOUTHLAKE State TX Zip Code 76092

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00639  
 Date of Disbursement

03 / 05 / 2009

Amount of Each Disbursement this Period

432.20

**C.** Full Name (Last, First, Middle Initial)  
 RESIDENCE INN BY MARRIOTT

Mailing Address SAN FRANCISCO ARPT  
 2000 WINWARD WAY

City SAN MATEO State CA Zip Code 94404

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00639m  
 Date of Disbursement

03 / 05 / 2009

Amount of Each Disbursement this Period

432.20

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

432.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1692 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
 SHANNON REEVES

Mailing Address 605 CLARIDAN RANCH RD

City SOUTHLAKE State TX Zip Code 76092

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00640  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

8.61

B.

Full Name (Last, First, Middle Initial)  
 FURR'S 195

Mailing Address 4222 SOUTH INTERSTATE 35

City AUSTIN State TX Zip Code 78745

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00640m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

8.61

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
 SHANNON REEVES

Mailing Address 605 CLARIDAN RANCH RD

City SOUTHLAKE State TX Zip Code 76092

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00641  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

9.84

SUBTOTAL of Disbursements This Page (optional) .....

18.45

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1693 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FIVE GUYS, DULLES VA	<b>Transaction ID:</b> 2009M04L21a00641m <b>Date of Disbursement</b>
Mailing Address 44844 AUTO PILOT DR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City DULLES State VA Zip Code 20166	<b>Amount of Each Disbursement this Period</b> <div>9.84</div>
Purpose of Disbursement MEALS Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) SHANNON REEVES	<b>Transaction ID:</b> 2009M04L21a00642 <b>Date of Disbursement</b>
Mailing Address 605 CLARIDAN RANCH RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City SOUTHLAKE State TX Zip Code 76092	<b>Amount of Each Disbursement this Period</b> <div>17.60</div>
Purpose of Disbursement MEALS Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) JOHNNY ROCKETS, WASHINGTON DC	<b>Transaction ID:</b> 2009M04L21a00642m <b>Date of Disbursement</b>
Mailing Address 3131 H ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20007	<b>Amount of Each Disbursement this Period</b> <div>17.60</div>
Purpose of Disbursement MEALS Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

17.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1694 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SHANNON REEVES	<b>Transaction ID:</b> 2009M04L21a00643 <b>Date of Disbursement</b>																				
Mailing Address 605 CLARIDAN RANCH RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City SOUTHLAKE State TX Zip Code 76092	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">18.02</td> </tr> </table>	18.02																			
18.02																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) TORTILLA COAST, WASHINGTON DC	<b>Transaction ID:</b> 2009M04L21a00643m <b>Date of Disbursement</b>																				
Mailing Address 400 FIRST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20016	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">18.02</td> </tr> </table>	18.02																			
18.02																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SHANNON REEVES	<b>Transaction ID:</b> 2009M04L21a00644 <b>Date of Disbursement</b>																				
Mailing Address 605 CLARIDAN RANCH RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City SOUTHLAKE State TX Zip Code 76092	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">19.30</td> </tr> </table>	19.30																			
19.30																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**37.32**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1695 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**BURGER KING FAIRFIELD,CA**

Mailing Address **190 PITTMAN RD**

City **FAIRFIELD** State **CA** Zip Code **94533**

Purpose of Disbursement  
**MEALS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00644m  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**19.30**

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
**SHANNON REEVES**

Mailing Address **605 CLARIDAN RANCH RD**

City **SOUTHLAKE** State **TX** Zip Code **76092**

Purpose of Disbursement  
**MEALS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00645  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**19.77**

**C.**

Full Name (Last, First, Middle Initial)  
**THE ORIGINAL MEL'S**

Mailing Address **2057 ARENA BLVD**

City **SACRAMENTO** State **CA** Zip Code **95834**

Purpose of Disbursement  
**MEALS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00645m  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**19.77**

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**19.77**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1696 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SHANNON REEVES	<b>Transaction ID:</b> 2009M04L21a00646 <b>Date of Disbursement</b>
Mailing Address 605 CLARIDAN RANCH RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City SOUTHLAKE State TX Zip Code 76092	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>24.90</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) P.F. CHANG'S CHINA BISTRO	<b>Transaction ID:</b> 2009M04L21a00646m <b>Date of Disbursement</b>
Mailing Address 5633 BAY STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City EMERYVILLE State CA Zip Code 94608	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>24.90</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) SHANNON REEVES	<b>Transaction ID:</b> 2009M04L21a00647 <b>Date of Disbursement</b>
Mailing Address 605 CLARIDAN RANCH RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City SOUTHLAKE State TX Zip Code 76092	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>31.32</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**56.22**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1697 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**PEPPER MILL RESTAURANT, CA**

Mailing Address **3524 SEVERN AVE**

City **METAIRIE** State **LA** Zip Code **70002**

Purpose of Disbursement  
**MEALS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00647m  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**31.32**

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
**SHANNON REEVES**

Mailing Address **605 CLARIDAN RANCH RD**

City **SOUTHLAKE** State **TX** Zip Code **76092**

Purpose of Disbursement  
**MEALS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00648  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**33.53**

**C.**

Full Name (Last, First, Middle Initial)  
**HOLIDAY FISH SOUL FOOD**

Mailing Address **8217 INTERNATIONAL BLVD**

City **OAKLAND** State **CA** Zip Code **94621**

Purpose of Disbursement  
**MEALS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00648m  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**33.53**

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**33.53**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1698 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SHANNON REEVES	<b>Transaction ID:</b> 2009M04L21a00649 <b>Date of Disbursement</b>
Mailing Address 605 CLARIDAN RANCH RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City SOUTHLAKE State TX Zip Code 76092	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>41.95</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) HORSESHOE CASINO & HOTEL, LA	<b>Transaction ID:</b> 2009M04L21a00649m <b>Date of Disbursement</b>
Mailing Address 711 HORSESHOE BLVD P O BOX 7111	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City BOSSIER CITY State LA Zip Code 71171	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>41.95</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) SHANNON REEVES	<b>Transaction ID:</b> 2009M04L21a00650 <b>Date of Disbursement</b>
Mailing Address 605 CLARIDAN RANCH RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City SOUTHLAKE State TX Zip Code 76092	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>54.34</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

96.29

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1699 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BROTHER'S SEAFOOD, SHREVEPORT	<b>Transaction ID:</b> 2009M04L21a00650m <b>Date of Disbursement</b>																				
Mailing Address 4916 MONKHOUSE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City SHREVEPORT State LA Zip Code 71101	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">54.34</td> </tr> </table>	54.34																			
54.34																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) SHANNON REEVES	<b>Transaction ID:</b> 2009M04L21a00651 <b>Date of Disbursement</b>																				
Mailing Address 605 CLARIDAN RANCH RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City SOUTHLAKE State TX Zip Code 76092	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">62.53</td> </tr> </table>	62.53																			
62.53																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) NEW ORLEANS HAMBURGER & SEAFOOD	<b>Transaction ID:</b> 2009M04L21a00651m <b>Date of Disbursement</b>																				
Mailing Address 1338 W. AIRLINE HWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City LAPLACE State LA Zip Code 70068	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">62.53</td> </tr> </table>	62.53																			
62.53																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

62.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1700 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SHANNON REEVES	<b>Transaction ID:</b> 2009M04L21a00652 <b>Date of Disbursement</b>
Mailing Address 605 CLARIDAN RANCH RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City SOUTH LAKE State TX Zip Code 76092	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>85.83</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) LEGAL SEA FOODS	<b>Transaction ID:</b> 2009M04L21a00652m <b>Date of Disbursement</b>
Mailing Address 704-708 7TH STREET NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20001	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>85.83</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) SHANNON REEVES	<b>Transaction ID:</b> 2009M04L21a00653 <b>Date of Disbursement</b>
Mailing Address 605 CLARIDAN RANCH RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City SOUTH LAKE State TX Zip Code 76092	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>92.20</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

178.03

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1701 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 CHEESECAKE BISTRO, NEW ORLEANS

Mailing Address 2001 ST CHARLES AVE

City NEW ORLEANS State LA Zip Code 70130

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00653m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

92.20

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
 SHANNON REEVES

Mailing Address 605 CLARIDAN RANCH RD

City SOUTHLAKE State TX Zip Code 76092

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00654  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

98.32

**C.** Full Name (Last, First, Middle Initial)  
 CLYDE'S-WASHINGTON DC

Mailing Address 707 7TH STREET NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00654m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

98.32

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

98.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1702 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 SHANNON REEVES

Mailing Address 605 CLARIDAN RANCH RD

City SOUTHLAKE State TX Zip Code 76092

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00655  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

185.33

**B.**

Full Name (Last, First, Middle Initial)  
 JUBAN'S RESTAURANT, LA

Mailing Address 3739 PERKINS RD

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00655m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

185.33

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
 SHANNON REEVES

Mailing Address 605 CLARIDAN RANCH RD

City SOUTHLAKE State TX Zip Code 76092

Purpose of Disbursement  
 PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00656  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

3.75

**SUBTOTAL** of Disbursements This Page (optional) .....

189.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1703 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SHANNON REEVES	<b>Transaction ID:</b> 2009M04L21a00657 <b>Date of Disbursement</b>
Mailing Address 605 CLARIDAN RANCH RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City SOUTHLAKE State TX Zip Code 76092	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PARKING	<div>14.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) SHANNON REEVES	<b>Transaction ID:</b> 2009M04L21a00658 <b>Date of Disbursement</b>
Mailing Address 605 CLARIDAN RANCH RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City SOUTHLAKE State TX Zip Code 76092	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PARKING	<div>31.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) SHANNON REEVES	<b>Transaction ID:</b> 2009M04L21a00659 <b>Date of Disbursement</b>
Mailing Address 605 CLARIDAN RANCH RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City SOUTHLAKE State TX Zip Code 76092	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TAXI	<div>9.75</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

55.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1704 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SHANNON REEVES	<b>Transaction ID:</b> 2009M04L21a00660 <b>Date of Disbursement</b>
Mailing Address 605 CLARIDAN RANCH RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City SOUTHLAKE State TX Zip Code 76092	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TAXI	<div>13.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) SHANNON REEVES	<b>Transaction ID:</b> 2009M04L21a00661 <b>Date of Disbursement</b>
Mailing Address 605 CLARIDAN RANCH RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City SOUTHLAKE State TX Zip Code 76092	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TAXI	<div>51.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) SHANNON REEVES	<b>Transaction ID:</b> 2009M04L21a00662 <b>Date of Disbursement</b>
Mailing Address 605 CLARIDAN RANCH RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City SOUTHLAKE State TX Zip Code 76092	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TAXI	<div>124.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**188.50**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1705 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 SHANNON REEVES

Mailing Address 605 CLARIDAN RANCH RD

City SOUTHLAKE State TX Zip Code 76092

Purpose of Disbursement  
 TAXI'S

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00663  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

46.00

**B.**

Full Name (Last, First, Middle Initial)  
 REFLECTIONS PHOTOGRAPHY, INC

Mailing Address 631 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 PHOTOGRAPHY SVS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00664  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

199.78

**C.**

Full Name (Last, First, Middle Initial)  
 REFLECTIONS PHOTOGRAPHY, INC

Mailing Address 631 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 PHOTOGRAPHY SVS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00665  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

416.04

**SUBTOTAL** of Disbursements This Page (optional) .....

661.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1706 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) REFLECTIONS PHOTOGRAPHY, INC	<b>Transaction ID:</b> 2009M04L21a00666 <b>Date of Disbursement</b>																				
Mailing Address 631 PENNSYLVANIA AVE SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHOTOGRAPHY SVS	<table border="1"> <tr> <td>581.63</td> </tr> </table>	581.63																			
581.63																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) REFLECTIONS PHOTOGRAPHY, INC	<b>Transaction ID:</b> 2009M04L21a00667 <b>Date of Disbursement</b>																				
Mailing Address 631 PENNSYLVANIA AVE SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement VIDEO PRODUCTION	<table border="1"> <tr> <td>416.04</td> </tr> </table>	416.04																			
416.04																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) REFLECTIONS PHOTOGRAPHY, INC	<b>Transaction ID:</b> 2009M04L21a00668 <b>Date of Disbursement</b>																				
Mailing Address 631 PENNSYLVANIA AVE SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement VIDEO PRODUCTION	<table border="1"> <tr> <td>416.04</td> </tr> </table>	416.04																			
416.04																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1413.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1707 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 REFLECTIONS PHOTOGRAPHY, INC

Mailing Address 631 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 VIDEO PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00669

Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

416.04

**B.**

Full Name (Last, First, Middle Initial)  
 REFLECTIONS PHOTOGRAPHY, INC

Mailing Address 631 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 VIDEO PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00670

Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

959.09

**C.**

Full Name (Last, First, Middle Initial)  
 REFLECTIONS PHOTOGRAPHY, INC

Mailing Address 631 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 VIDEO PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00671

Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

959.09

**SUBTOTAL** of Disbursements This Page (optional) .....

2334.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1708 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) REFLECTIONS PHOTOGRAPHY, INC	<b>Transaction ID:</b> 2009M04L21a00672 <b>Date of Disbursement</b>																				
Mailing Address 631 PENNSYLVANIA AVE SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement VIDEO PRODUCTION	<table border="1"> <tr> <td>959.09</td> </tr> </table>	959.09																			
959.09																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) REFLECTIONS PHOTOGRAPHY, INC	<b>Transaction ID:</b> 2009M04L21a00673 <b>Date of Disbursement</b>																				
Mailing Address 631 PENNSYLVANIA AVE SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement VIDEO PRODUCTION	<table border="1"> <tr> <td>959.12</td> </tr> </table>	959.12																			
959.12																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) RIS PAPER	<b>Transaction ID:</b> 2009M04L21a00674 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 641617	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City PITTSBURGH State PA Zip Code 15264-1617	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td>1426.36</td> </tr> </table>	1426.36																			
1426.36																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3344.57**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1709 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RNC-PAYROLL ACCOUNT

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 FED UNEMPL. TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00675

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 03 / 30 / 2009

Amount of Each Disbursement this Period

391.01

**B.**

Full Name (Last, First, Middle Initial)

INTERNAL REVENUE SERVICE

Mailing Address 11601 ROOSEVELT BLVD

City PHILADELPHIA State PA Zip Code 19154

Purpose of Disbursement  
 FED UNEMPL. TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00675m

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 03 / 30 / 2009

Amount of Each Disbursement this Period

391.01

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

RNC-PAYROLL ACCOUNT

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 FED UNEMPL. TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00676

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 03 / 11 / 2009

Amount of Each Disbursement this Period

519.80

**SUBTOTAL** of Disbursements This Page (optional) .....

910.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1710 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 INTERNAL REVENUE SERVICE

Mailing Address 11601 ROOSEVELT BLVD

City PHILADELPHIA State PA Zip Code 19154

Purpose of Disbursement  
 FED UNEMPL. TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00676m

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

519.80

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
 RNC-PAYROLL ACCOUNT

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 GARNISHMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00677

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
 CA STATE DISBURSEMENT UNIT

Mailing Address PO BOX 989067

City W. SACRAMENTO State CA Zip Code 95798

Purpose of Disbursement  
 GARNISHMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00677m

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1711 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RNC-PAYROLL ACCOUNT

Mailing Address 310 FIRST STREET, SE

City  
 WASHINGTON

State  
 DC

Zip Code  
 20003

Purpose of Disbursement

GARNISHMENT

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00678

Date of Disbursement

03 / 30 / 2009

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

CA STATE DISBURSEMENT UNIT

Mailing Address PO BOX 989067

City  
 W. SACRAMENTO

State  
 CA

Zip Code  
 95798

Purpose of Disbursement

GARNISHMENT

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00678m

Date of Disbursement

03 / 30 / 2009

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

RNC-PAYROLL ACCOUNT

Mailing Address 310 FIRST STREET, SE

City  
 WASHINGTON

State  
 DC

Zip Code  
 20003

Purpose of Disbursement

PAYROLL TAXES

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00679

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

4331.59

**SUBTOTAL** of Disbursements This Page (optional) .....

4831.59

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1712 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) GOVT OF THE DIST OF COLUMBIA	<b>Transaction ID:</b> 2009M04L21a00679m <b>Date of Disbursement</b>																				
Mailing Address OFFICE OF TAX & REVENUE PO BOX 7862	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20044	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td colspan="10">4331.59</td> </tr> </table>	4331.59																			
4331.59																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>B.</b> Full Name (Last, First, Middle Initial) RNC-PAYROLL ACCOUNT	<b>Transaction ID:</b> 2009M04L21a00680 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td colspan="10">4499.78</td> </tr> </table>	4499.78																			
4499.78																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>C.</b> Full Name (Last, First, Middle Initial) GOVT OF THE DIST OF COLUMBIA	<b>Transaction ID:</b> 2009M04L21a00680m <b>Date of Disbursement</b>																				
Mailing Address OFFICE OF TAX & REVENUE PO BOX 7862	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20044	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td colspan="10">4499.78</td> </tr> </table>	4499.78																			
4499.78																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					

SUBTOTAL of Disbursements This Page (optional) .....

4499.78

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1714 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**VIRGINIA COMMONWEALTH DEPT**

Mailing Address **OF TAXATION**

City **RICHMOND** State **VA** Zip Code **23218**

Purpose of Disbursement  
**PAYROLL TAXES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00682m  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

4912.61

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**RNC-PAYROLL ACCOUNT**

Mailing Address **310 FIRST STREET, SE**

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement  
**PAYROLL TAXES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00683  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

5004.30

**C.** Full Name (Last, First, Middle Initial)  
**MARYLAND STATE COMPTROLLER**

Mailing Address **OF THE TREASURY**  
**110 CARROLL STREET**

City **ANNAPOLIS** State **MD** Zip Code **21411**

Purpose of Disbursement  
**PAYROLL TAXES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00683m  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

5004.30

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

5004.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1715 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) RNC-PAYROLL ACCOUNT	<b>Transaction ID:</b> 2009M04L21a00684 <b>Date of Disbursement</b>
Mailing Address 310 FIRST STREET, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL TAXES	<div>5057.43</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) VIRGINIA COMMONWEALTH DEPT	<b>Transaction ID:</b> 2009M04L21a00684m <b>Date of Disbursement</b>
Mailing Address OF TAXATION	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City RICHMOND State VA Zip Code 23218	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL TAXES	<div>5057.43</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) RNC-PAYROLL ACCOUNT	<b>Transaction ID:</b> 2009M04L21a00685 <b>Date of Disbursement</b>
Mailing Address 310 FIRST STREET, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL TAXES	<div>36810.25</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>41867.68</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1716 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 INTERNAL REVENUE SERVICE

Mailing Address 11601 ROOSEVELT BLVD

City PHILADELPHIA State PA Zip Code 19154

Purpose of Disbursement  
 PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00685m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

36810.25

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
 RNC-PAYROLL ACCOUNT

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00686  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

40098.32

**C.** Full Name (Last, First, Middle Initial)  
 INTERNAL REVENUE SERVICE

Mailing Address 11601 ROOSEVELT BLVD

City PHILADELPHIA State PA Zip Code 19154

Purpose of Disbursement  
 PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00686m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

40098.32

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

40098.32

**TOTAL** This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1718 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 INTERNAL REVENUE SERVICE

Mailing Address 11601 ROOSEVELT BLVD

City PHILADELPHIA State PA Zip Code 19154

Purpose of Disbursement  
 PAYROLL TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00688m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

44237.61

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
 RNC-PAYROLL ACCOUNT

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 UNEMPL. TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00689  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

1358.56

**C.**

Full Name (Last, First, Middle Initial)  
 GOVT OF THE DIST OF COLUMBIA

Mailing Address OFFICE OF TAX & REVENUE  
 PO BOX 7862

City WASHINGTON State DC Zip Code 20044

Purpose of Disbursement  
 UNEMPL. TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00689m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

1358.56

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

1358.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1719 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) RNC-PAYROLL ACCOUNT	<b>Transaction ID:</b> 2009M04L21a00690 <b>Date of Disbursement</b>
Mailing Address 310 FIRST STREET, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement UNEMPL. TAXES	<div>1424.62</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) GOVT OF THE DIST OF COLUMBIA	<b>Transaction ID:</b> 2009M04L21a00690m <b>Date of Disbursement</b>
Mailing Address OFFICE OF TAX & REVENUE PO BOX 7862	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20044	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement UNEMPL. TAXES	<div>1424.62</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) RNC-WITHHOLDING	<b>Transaction ID:</b> 2009M04L21a00691 <b>Date of Disbursement</b>
Mailing Address 310 FIRST STREET, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement EMPLOYEE DEDUCTION	<div>157.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1582.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1720 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) RNC-WITHHOLDING	<b>Transaction ID:</b> 2009M04L21a00692 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement EMPLOYEE DEDUCTION	<table border="1"> <tr> <td colspan="10">162.50</td> </tr> </table>	162.50																			
162.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) ROSWELL PARKS & RECREATION	<b>Transaction ID:</b> 2009M04L21a00693 <b>Date of Disbursement</b>																				
Mailing Address DEPARTMENT PO BOX 1838	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City ROSWELL State NM Zip Code 88202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement EQUIPMENT RENTAL	<table border="1"> <tr> <td colspan="10">3100.00</td> </tr> </table>	3100.00																			
3100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) ROSWELL RENTAL, INC	<b>Transaction ID:</b> 2009M04L21a00694 <b>Date of Disbursement</b>																				
Mailing Address 116 EAST COLLEGE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City ROSWELL State NM Zip Code 88201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement EQUIPMENT RENTAL	<table border="1"> <tr> <td colspan="10">248.68</td> </tr> </table>	248.68																			
248.68																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**3511.18**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 RST MARKETING ASSOCIATES, INC

Mailing Address PO BOX 228

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00695  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

317.99

**B.** Full Name (Last, First, Middle Initial)  
 RST MARKETING ASSOCIATES, INC

Mailing Address PO BOX 228

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00696  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

347.00

**C.** Full Name (Last, First, Middle Initial)  
 RST MARKETING ASSOCIATES, INC

Mailing Address PO BOX 228

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00697  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

380.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1045.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1722 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) RST MARKETING ASSOCIATES, INC	<b>Transaction ID:</b> 2009M04L21a00698 <b>Date of Disbursement</b>
Mailing Address PO BOX 228	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 0 / 2 0 0 9</div> </div>
City FOREST State VA Zip Code 24551	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement POSTAGE	<div>451.64</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) RST MARKETING ASSOCIATES, INC	<b>Transaction ID:</b> 2009M04L21a00699 <b>Date of Disbursement</b>
Mailing Address PO BOX 228	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 0 / 2 0 0 9</div> </div>
City FOREST State VA Zip Code 24551	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement POSTAGE	<div>2285.88</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) RST MARKETING ASSOCIATES, INC	<b>Transaction ID:</b> 2009M04L21a00700 <b>Date of Disbursement</b>
Mailing Address PO BOX 228	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 7 / 2 0 0 9</div> </div>
City FOREST State VA Zip Code 24551	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement POSTAGE	<div>42572.39</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

45309.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1723 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 RST MARKETING ASSOCIATES, INC

Mailing Address PO BOX 228

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
 PRINT,MAIL PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2009M04L21a00701

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2993.66

**B.** Full Name (Last, First, Middle Initial)  
 RST MARKETING ASSOCIATES, INC

Mailing Address PO BOX 228

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
 PRINT,MAIL PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2009M04L21a00702

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3411.89

**C.** Full Name (Last, First, Middle Initial)  
 RST MARKETING ASSOCIATES, INC

Mailing Address PO BOX 228

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
 PRINT,MAIL PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2009M04L21a00703

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3753.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10158.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1724 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 RST MARKETING ASSOCIATES, INC

Mailing Address PO BOX 228

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
 PRINT,MAIL PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00704  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

6051.12

**B.** Full Name (Last, First, Middle Initial)  
 RST MARKETING ASSOCIATES, INC

Mailing Address PO BOX 228

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
 PRINT,MAIL PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00705  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

6989.30

**C.** Full Name (Last, First, Middle Initial)  
 RST MARKETING ASSOCIATES, INC

Mailing Address PO BOX 228

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
 PRINT,MAIL PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00706  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

7478.69

**SUBTOTAL** of Disbursements This Page (optional) .....

20519.11

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1725 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 RST MARKETING ASSOCIATES, INC

Mailing Address ATTN: LARA BURFORD  
 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00707

Date of Disbursement

MM / DD / YYYY  
 03 / 16 / 2009

Amount of Each Disbursement this Period

300.00

**B.** Full Name (Last, First, Middle Initial)  
 RST MARKETING ASSOCIATES, INC

Mailing Address ATTN: LARA BURFORD  
 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00708

Date of Disbursement

MM / DD / YYYY  
 03 / 16 / 2009

Amount of Each Disbursement this Period

874.01

**C.** Full Name (Last, First, Middle Initial)  
 RST MARKETING ASSOCIATES, INC

Mailing Address ATTN: LARA BURFORD  
 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00709

Date of Disbursement

MM / DD / YYYY  
 03 / 16 / 2009

Amount of Each Disbursement this Period

1149.84

**SUBTOTAL** of Disbursements This Page (optional) .....

2323.85

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1727 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 RST MARKETING ASSOCIATES, INC

Mailing Address ATTN: LARA BURFORD  
 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00713

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2205.00

**B.** Full Name (Last, First, Middle Initial)  
 RST MARKETING ASSOCIATES, INC

Mailing Address ATTN: LARA BURFORD  
 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00714

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2825.60

**C.** Full Name (Last, First, Middle Initial)  
 RST MARKETING ASSOCIATES, INC

Mailing Address ATTN: LARA BURFORD  
 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00715

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10729.54

**SUBTOTAL** of Disbursements This Page (optional) .....

15760.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1728 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 RST MARKETING ASSOCIATES, INC

Mailing Address ATTN: LARA BURFORD  
 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00716  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

34846.56

**B.** Full Name (Last, First, Middle Initial)  
 SCHINDLER ELEVATOR CORPORATION

Mailing Address P O BOX 93050

City CHICAGO State IL Zip Code 60673

Purpose of Disbursement  
 ELEVATOR MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00717  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

2683.93

**C.** Full Name (Last, First, Middle Initial)  
 SCHINDLER ELEVATOR CORPORATION

Mailing Address P O BOX 93050

City CHICAGO State IL Zip Code 60673

Purpose of Disbursement  
 ELEVATOR MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00718  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

7535.74

**SUBTOTAL** of Disbursements This Page (optional) .....

45066.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1729 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) GORDON SCHOEPFLE	<b>Transaction ID:</b> 2009M04L21a00719 <b>Date of Disbursement</b>
Mailing Address 6520 CHESTERFIELD AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City MCLEAN State VA Zip Code 22101	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement INTERNET SERVICES Candidate Name	<div>75.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) AT & T MOBILITY	<b>Transaction ID:</b> 2009M04L21a00719m <b>Date of Disbursement</b>
Mailing Address P O BOX 6463	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City CAROL STREAM State IL Zip Code 60197	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement INTERNET SERVICES Candidate Name	<div>75.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) GORDON SCHOEPFLE	<b>Transaction ID:</b> 2009M04L21a00720 <b>Date of Disbursement</b>
Mailing Address 6520 CHESTERFIELD AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City MCLEAN State VA Zip Code 22101	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement METROFARE Candidate Name	<div>6.60</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>81.60</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1730 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) GORDON SCHOEPFLE	<b>Transaction ID:</b> 2009M04L21a00721 <b>Date of Disbursement</b>																				
Mailing Address 6520 CHESTERFIELD AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City MCLEAN State VA Zip Code 22101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td>16.65</td> </tr> </table>	16.65																			
16.65																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CVS PHARMACY, FALLS CHURCH VA	<b>Transaction ID:</b> 2009M04L21a00721m <b>Date of Disbursement</b>																				
Mailing Address 1150 WEST BROAD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City FALLS CHURCH State VA Zip Code 22046	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td>16.65</td> </tr> </table>	16.65																			
16.65																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) GORDON SCHOEPFLE	<b>Transaction ID:</b> 2009M04L21a00722 <b>Date of Disbursement</b>																				
Mailing Address 6520 CHESTERFIELD AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City MCLEAN State VA Zip Code 22101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td>39.99</td> </tr> </table>	39.99																			
39.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

56.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1731 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) RAMKA, LTD	<b>Transaction ID:</b> 2009M04L21a00722m <b>Date of Disbursement</b>																				
Mailing Address INTERNET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	9	
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0	3		1	1		2	0	9													
City LIVE, UKRAINE State ZZ Zip Code	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td>39.99</td> </tr> </table>	39.99																			
39.99																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) GORDON SCHOEPFLE	<b>Transaction ID:</b> 2009M04L21a00723 <b>Date of Disbursement</b>																				
Mailing Address 6520 CHESTERFIELD AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	9	
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0	3		1	1		2	0	9													
City MCLEAN State VA Zip Code 22101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td>83.16</td> </tr> </table>	83.16																			
83.16																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President																					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) ITUNES, MCLEAN VA	<b>Transaction ID:</b> 2009M04L21a00723m <b>Date of Disbursement</b>																				
Mailing Address 6520 CHESTERFIELD AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	9													
City MCLEAN State VA Zip Code 22101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td>83.16</td> </tr> </table>	83.16																			
83.16																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

83.16

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1733 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) STAPLES, WASHINGTON DC	<b>Transaction ID:</b> 2009M04L21a00725m <b>Date of Disbursement</b>																				
Mailing Address 1250 H ST NW STE 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td colspan="10">115.71</td> </tr> </table>	115.71																			
115.71																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) GORDON SCHOEPFLE	<b>Transaction ID:</b> 2009M04L21a00726 <b>Date of Disbursement</b>																				
Mailing Address 6520 CHESTERFIELD AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period																				
Purpose of Disbursement PARKING	<table border="1"> <tr> <td colspan="10">135.00</td> </tr> </table>	135.00																			
135.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) GORDON SCHOEPFLE	<b>Transaction ID:</b> 2009M04L21a00727 <b>Date of Disbursement</b>																				
Mailing Address 6520 CHESTERFIELD AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period																				
Purpose of Disbursement PARKING	<table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table>	150.00																			
150.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**285.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1734 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>SECURITAS SECURITY SERVICES</b></p> <hr/> <p>Mailing Address <b>USA, INC.</b>  <b>P O BOX 403412</b></p> <hr/> <p>City <b>ATLANTA</b> State <b>GA</b> Zip Code <b>30384-3412</b></p> <hr/> <p>Purpose of Disbursement  <b>SECURITY SERVICES</b></p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 2009M04L21a00728</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>6372.72</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	6	/	2	0	0	9	6372.72
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	2	6	/	2	0	0	9													
6372.72																						
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>SECURITAS SECURITY SERVICES</b></p> <hr/> <p>Mailing Address <b>USA, INC.</b>  <b>P O BOX 403412</b></p> <hr/> <p>City <b>ATLANTA</b> State <b>GA</b> Zip Code <b>30384-3412</b></p> <hr/> <p>Purpose of Disbursement  <b>SECURITY SERVICES</b></p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 2009M04L21a00729</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>6410.88</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	5	/	2	0	0	9	6410.88
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	0	5	/	2	0	0	9													
6410.88																						
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>SECURITAS SECURITY SERVICES</b></p> <hr/> <p>Mailing Address <b>USA, INC.</b>  <b>P O BOX 403412</b></p> <hr/> <p>City <b>ATLANTA</b> State <b>GA</b> Zip Code <b>30384-3412</b></p> <hr/> <p>Purpose of Disbursement  <b>SECURITY SERVICES</b></p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 2009M04L21a00730</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>6410.88</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	9	/	2	0	0	9	6410.88
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	1	9	/	2	0	0	9													
6410.88																						

**SUBTOTAL** of Disbursements This Page (optional) .....

**19194.48**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1735 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b> Full Name (Last, First, Middle Initial)  <b>SECURITAS SECURITY SERVICES</b></p> <p>Mailing Address <b>USA, INC.</b>  <b>P O BOX 403412</b></p> <p>City <b>ATLANTA</b> State <b>GA</b> Zip Code <b>30384-3412</b></p> <p>Purpose of Disbursement  <b>SECURITY SERVICES-VENDOR CREDIT</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00731  <b>Date of Disbursement</b>  <div>03 / 26 / 2009</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>-114.48</div></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial)  <b>JENNIFER SHEEHAN</b></p> <p>Mailing Address <b>1341 CORCORAN ST NW APT B</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20009</b></p> <p>Purpose of Disbursement  <b>BAR DUES</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00732  <b>Date of Disbursement</b>  <div>03 / 26 / 2009</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>675.00</div></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial)  <b>DC COURT OF APPEALS</b></p> <p>Mailing Address <b>COMM ON ADMISSIONS</b>  <b>500 INDIANA AVE NW, ROOM 4200</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20001</b></p> <p>Purpose of Disbursement  <b>BAR DUES</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2009M04L21a00732m  <b>Date of Disbursement</b>  <div>03 / 26 / 2009</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>675.00</div></p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**560.52**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1737 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JENNIFER SHEEHAN	<b>Transaction ID:</b> 2009M04L21a00735 <b>Date of Disbursement</b>																				
Mailing Address 1341 CORCORAN ST NW APT B	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City WASHINGTON State DC Zip Code 20009	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PARKING	<table border="1"> <tr> <td>48.00</td> </tr> </table>	48.00																			
48.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JENNIFER SHEEHAN	<b>Transaction ID:</b> 2009M04L21a00736 <b>Date of Disbursement</b>																				
Mailing Address 1341 CORCORAN ST NW APT B	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	9													
City WASHINGTON State DC Zip Code 20009	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PARKING	<table border="1"> <tr> <td>60.00</td> </tr> </table>	60.00																			
60.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JENNIFER SHEEHAN	<b>Transaction ID:</b> 2009M04L21a00737 <b>Date of Disbursement</b>																				
Mailing Address 1341 CORCORAN ST NW APT B	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	9													
City WASHINGTON State DC Zip Code 20009	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TAXI	<table border="1"> <tr> <td>7.00</td> </tr> </table>	7.00																			
7.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1738 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) HEATHER SIDWELL	<b>Transaction ID:</b> 2009M04L21a00738 <b>Date of Disbursement</b>																				
Mailing Address 3731 JENIFER ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20015	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>28.60</td> </tr> </table>	28.60																			
28.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DOMINO'S PIZZA, WASHINGTON DC	<b>Transaction ID:</b> 2009M04L21a00738m <b>Date of Disbursement</b>																				
Mailing Address 1500 PENNSYLVANIA AVE SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>28.60</td> </tr> </table>	28.60																			
28.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) HEATHER SIDWELL	<b>Transaction ID:</b> 2009M04L21a00739 <b>Date of Disbursement</b>																				
Mailing Address 3731 JENIFER ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20015	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TAXI	<table border="1"> <tr> <td>19.00</td> </tr> </table>	19.00																			
19.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

47.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**BILL SKELLY**

Mailing Address **703 METAIRIE LAWN DRIVE**

City **METAIRIE** State **LA** Zip Code **70001**

Purpose of Disbursement  
**CONSULTING-LIST DEVELOPMENT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00740**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**2520.00**

**B.**

Full Name (Last, First, Middle Initial)

**SMARTTECH CORPORATION**

Mailing Address **A DIVISION OF AIRNET GROUP, INC  
PO BOX 11181**

City **CHATTANOOGA** State **TN** Zip Code **37401**

Purpose of Disbursement  
**DATA MANAGEMENT SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00741**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**8000.00**

**C.**

Full Name (Last, First, Middle Initial)

**SMARTTECH CORPORATION**

Mailing Address **A DIVISION OF AIRNET GROUP, INC  
PO BOX 11181**

City **CHATTANOOGA** State **TN** Zip Code **37401**

Purpose of Disbursement  
**DATA MANAGEMENT SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00742**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**8000.00**

**SUBTOTAL** of Disbursements This Page (optional) .....

**18520.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1740 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2009M04L21a00743 <b>Date of Disbursement</b>
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City CHATTANOOGA State TN Zip Code 37401	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement DATA STORAGE	<div>23.23</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2009M04L21a00744 <b>Date of Disbursement</b>
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City CHATTANOOGA State TN Zip Code 37401	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement DOMAIN NAME REGISTRATION	<div>53.85</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2009M04L21a00745 <b>Date of Disbursement</b>
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City CHATTANOOGA State TN Zip Code 37401	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement DOMAIN NAME REGISTRATION	<div>95.95</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>173.03</div>
<b>TOTAL</b> This Period (last page this line number only) .....	



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2009M04L21a00746 <b>Date of Disbursement</b>																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement EMAIL HOSTING	<table border="1"> <tr> <td>598.65</td> </tr> </table>	598.65																			
598.65																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2009M04L21a00747 <b>Date of Disbursement</b>																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement EMAIL SERVICES	<table border="1"> <tr> <td>819.65</td> </tr> </table>	819.65																			
819.65																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2009M04L21a00748 <b>Date of Disbursement</b>																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement EMAIL SERVICES	<table border="1"> <tr> <td>819.65</td> </tr> </table>	819.65																			
819.65																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2237.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2009M04L21a00749 <b>Date of Disbursement</b>																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement INTERNET CONNECTION Candidate Name	<table border="1"> <tr> <td colspan="10">8150.00</td> </tr> </table>	8150.00																			
8150.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2009M04L21a00750 <b>Date of Disbursement</b>																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement INTERNET CONNECTION Candidate Name	<table border="1"> <tr> <td colspan="10">8150.00</td> </tr> </table>	8150.00																			
8150.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2009M04L21a00751 <b>Date of Disbursement</b>																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement WEB HOSTING Candidate Name	<table border="1"> <tr> <td colspan="10">49.00</td> </tr> </table>	49.00																			
49.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

16349.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
 SMARTECH CORPORATION

Mailing Address A DIVISION OF AIRNET GROUP, INC  
 PO BOX 11181

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement  
 WEB HOSTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00752

Date of Disbursement

/   /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)  
 SMARTECH CORPORATION

Mailing Address A DIVISION OF AIRNET GROUP, INC  
 PO BOX 11181

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement  
 WEB HOSTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00753

Date of Disbursement

/   /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)  
 SMARTECH CORPORATION

Mailing Address A DIVISION OF AIRNET GROUP, INC  
 PO BOX 11181

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement  
 WEB HOSTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00754

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1744 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2009M04L21a00755 <b>Date of Disbursement</b>																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement WEB HOSTING Candidate Name	<table border="1"> <tr> <td colspan="10">3540.00</td> </tr> </table>	3540.00																			
3540.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2009M04L21a00756 <b>Date of Disbursement</b>																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement WEB HOSTING Candidate Name	<table border="1"> <tr> <td colspan="10">5390.00</td> </tr> </table>	5390.00																			
5390.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2009M04L21a00757 <b>Date of Disbursement</b>																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement WEB HOSTING Candidate Name	<table border="1"> <tr> <td colspan="10">30257.50</td> </tr> </table>	30257.50																			
30257.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**39187.50**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2009M04L21a00758 <b>Date of Disbursement</b>
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City CHATTANOOGA State TN Zip Code 37401	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement WEB HOSTING	<div>30257.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2009M04L21a00759 <b>Date of Disbursement</b>
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City CHATTANOOGA State TN Zip Code 37401	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement WEB HOSTING	<div>47950.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2009M04L21a00760 <b>Date of Disbursement</b>
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City CHATTANOOGA State TN Zip Code 37401	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement WEB HOSTING	<div>47950.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

126157.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1746 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2009M04L21a00761 <b>Date of Disbursement</b>
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City CHATTANOOGA State TN Zip Code 37401	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement WEB HOSTING	<div>55552.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2009M04L21a00762 <b>Date of Disbursement</b>
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City CHATTANOOGA State TN Zip Code 37401	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement WEB HOSTING	<div>55552.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	<b>Transaction ID:</b> 2009M04L21a00763 <b>Date of Disbursement</b>
Mailing Address 16200 BRANCH CT	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City UPPER MARLBORO State MD Zip Code 20774	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement OFFICE SUPPLIES	<div>3.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

111108.50

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FE6AN026

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1748 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	<b>Transaction ID:</b> 2009M04L21a00767 <b>Date of Disbursement</b>																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City UPPER MARLBORO State MD Zip Code 20774	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">3.50</td> </tr> </table>	3.50																			
3.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	<b>Transaction ID:</b> 2009M04L21a00768 <b>Date of Disbursement</b>																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City UPPER MARLBORO State MD Zip Code 20774	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">3.51</td> </tr> </table>	3.51																			
3.51																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	<b>Transaction ID:</b> 2009M04L21a00769 <b>Date of Disbursement</b>																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City UPPER MARLBORO State MD Zip Code 20774	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">3.51</td> </tr> </table>	3.51																			
3.51																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

10.52

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1749 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SNOW VALLEY, INC

Mailing Address 16200 BRANCH CT

City UPPER MARLBORO State MD Zip Code 20774

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00770

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3.51

**B.**

Full Name (Last, First, Middle Initial)

SNOW VALLEY, INC

Mailing Address 16200 BRANCH CT

City UPPER MARLBORO State MD Zip Code 20774

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00771

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3.51

**C.**

Full Name (Last, First, Middle Initial)

SNOW VALLEY, INC

Mailing Address 16200 BRANCH CT

City UPPER MARLBORO State MD Zip Code 20774

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00772

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3.51

**SUBTOTAL** of Disbursements This Page (optional) .....

10.53

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1750 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

SNOW VALLEY, INC

Mailing Address 16200 BRANCH CT

City State Zip Code  
UPPER MARLBORO MD 20774Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00773

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	9	

Amount of Each Disbursement this Period

3.51

**B.**

Full Name (Last, First, Middle Initial)

SNOW VALLEY, INC

Mailing Address 16200 BRANCH CT

City State Zip Code  
UPPER MARLBORO MD 20774Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00774

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	9	

Amount of Each Disbursement this Period

3.51

**C.**

Full Name (Last, First, Middle Initial)

SNOW VALLEY, INC

Mailing Address 16200 BRANCH CT

City State Zip Code  
UPPER MARLBORO MD 20774Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00775

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	9	

Amount of Each Disbursement this Period

3.51

SUBTOTAL of Disbursements This Page (optional) .....

10.53

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) <b>SNOW VALLEY, INC</b>	<b>Transaction ID:</b> 2009M04L21a00776 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M</div> <div style="border: 1px solid black; padding: 2px;">M</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D</div> <div style="border: 1px solid black; padding: 2px;">D</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> </div>
Mailing Address    16200 BRANCH CT	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; height: 30px; display: flex; justify-content: flex-end; align-items: center; padding-right: 10px;">3.51</div>
<div>City UPPER MARLBORO</div> <div>State MD</div> <div>Zip Code 20774</div>	
<div style="flex: 1;">         Purpose of Disbursement OFFICE SUPPLIES       </div> <div style="flex: 0.5; border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
<div style="flex: 1;">Candidate Name</div> <div style="flex: 0.5; border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:                District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>SNOW VALLEY, INC</b>	
Mailing Address    16200 BRANCH CT	<b>Transaction ID:</b> 2009M04L21a00777 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M</div> <div style="border: 1px solid black; padding: 2px;">M</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D</div> <div style="border: 1px solid black; padding: 2px;">D</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> </div>
City UPPER MARLBORO	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; height: 30px; display: flex; justify-content: flex-end; align-items: center; padding-right: 10px;">3.51</div>
<div>City UPPER MARLBORO</div> <div>State MD</div> <div>Zip Code 20774</div>	
<div style="flex: 1;">         Purpose of Disbursement OFFICE SUPPLIES       </div> <div style="flex: 0.5; border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
<div style="flex: 1;">Candidate Name</div> <div style="flex: 0.5; border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:                District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>SNOW VALLEY, INC</b>	
Mailing Address    16200 BRANCH CT	<b>Transaction ID:</b> 2009M04L21a00778 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M</div> <div style="border: 1px solid black; padding: 2px;">M</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D</div> <div style="border: 1px solid black; padding: 2px;">D</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> </div>
City UPPER MARLBORO	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; height: 30px; display: flex; justify-content: flex-end; align-items: center; padding-right: 10px;">3.51</div>
<div>City UPPER MARLBORO</div> <div>State MD</div> <div>Zip Code 20774</div>	
<div style="flex: 1;">         Purpose of Disbursement OFFICE SUPPLIES       </div> <div style="flex: 0.5; border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
<div style="flex: 1;">Candidate Name</div> <div style="flex: 0.5; border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:                District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	
<b>TOTAL</b> This Period (last page this line number only) .....	

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1754 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SHAWN STEEL	<b>Transaction ID:</b> 2009M04L21a00785 <b>Date of Disbursement</b>																				
Mailing Address 27520 HAWTHORNE BLVD STE 270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City PALOS VERDES State CA Zip Code 90274 Purpose of Disbursement AIR FARE Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>401.20</td> </tr> </table>	401.20																			
401.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) EXPEDIA	<b>Transaction ID:</b> 2009M04L21a00785m <b>Date of Disbursement</b>																				
Mailing Address 10190 COVINGTON CROSS DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City LAS VEGAS State NV Zip Code 89144 Purpose of Disbursement AIR FARE Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>401.20</td> </tr> </table>	401.20																			
401.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) SHAWN STEEL	<b>Transaction ID:</b> 2009M04L21a00786 <b>Date of Disbursement</b>																				
Mailing Address 27520 HAWTHORNE BLVD STE 270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City PALOS VERDES State CA Zip Code 90274 Purpose of Disbursement AIR FARE Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>688.20</td> </tr> </table>	688.20																			
688.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1089.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) UNITED AIRLINES	<b>Transaction ID:</b> 2009M04L21a00786m <b>Date of Disbursement</b>
Mailing Address PO BOX 2013	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City CHICAGO State IL Zip Code 60673	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE	<div>688.20</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) SHAWN STEEL	<b>Transaction ID:</b> 2009M04L21a00787 <b>Date of Disbursement</b>
Mailing Address 27520 HAWTHORNE BLVD STE 270	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City PALOS VERDES State CA Zip Code 90274	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE	<div>784.20</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) UNITED AIRLINES	<b>Transaction ID:</b> 2009M04L21a00787m <b>Date of Disbursement</b>
Mailing Address PO BOX 2013	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City CHICAGO State IL Zip Code 60673	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE	<div>784.20</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

784.20

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1757 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 HILTON WASHINGTON EMBASSY ROW

Mailing Address 2015 MASS AVE NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00789m  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

125.94

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
 SHAWN STEEL

Mailing Address 27520 HAWTHORNE BLVD STE 270

City PALOS VERDES State CA Zip Code 90274

Purpose of Disbursement  
 TAXI

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00790  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

130.10

**C.** Full Name (Last, First, Middle Initial)  
 SHAWN STEEL

Mailing Address 27520 HAWTHORNE BLVD STE 270

City PALOS VERDES State CA Zip Code 90274

Purpose of Disbursement  
 TAXI

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00791  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

135.50

**SUBTOTAL** of Disbursements This Page (optional) .....

265.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1758 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00792 <b>Date of Disbursement</b>																				
Mailing Address 3101 HEMLOCK HILLS LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City APEX State NC Zip Code 27539	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement FUEL	<table border="1"> <tr> <td>2</td><td>1</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	1	.	0	0															
2	1	.	0	0																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00793 <b>Date of Disbursement</b>																				
Mailing Address 3101 HEMLOCK HILLS LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City APEX State NC Zip Code 27539	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>2</td><td>4</td><td>.</td><td>5</td><td>.</td><td>3</td><td>1</td> </tr> </table>	2	4	.	5	.	3	1													
2	4	.	5	.	3	1															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL SUITES	<b>Transaction ID:</b> 2009M04L21a00793m <b>Date of Disbursement</b>																				
Mailing Address 200 C. STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>2</td><td>4</td><td>.</td><td>5</td><td>.</td><td>3</td><td>1</td> </tr> </table>	2	4	.	5	.	3	1													
2	4	.	5	.	3	1															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**266.31**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1759 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00794 <b>Date of Disbursement</b>																				
Mailing Address 3101 HEMLOCK HILLS LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City APEX State NC Zip Code 27539	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>5</td><td>1</td><td>8</td><td>.</td><td>4</td><td>4</td> </tr> </table>	5	1	8	.	4	4														
5	1	8	.	4	4																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CROWNE PLAZA, ALEXANDRIA VA	<b>Transaction ID:</b> 2009M04L21a00794m <b>Date of Disbursement</b>																				
Mailing Address 901 N FAIRFAX ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>5</td><td>1</td><td>8</td><td>.</td><td>4</td><td>4</td> </tr> </table>	5	1	8	.	4	4														
5	1	8	.	4	4																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00795 <b>Date of Disbursement</b>																				
Mailing Address 3101 HEMLOCK HILLS LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City APEX State NC Zip Code 27539	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>8</td><td>0</td><td>4</td><td>.</td><td>5</td><td>8</td> </tr> </table>	8	0	4	.	5	8														
8	0	4	.	5	8																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**1323.02**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1760 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 HOLIDAY INN HISTORICAL ALEX.

Mailing Address 625 FIRST STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00795m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

804.58

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
 MARK STEPHENS

Mailing Address 3101 HEMLOCK HILLS LN

City APEX State NC Zip Code 27539

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00796  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

957.24

**C.**

Full Name (Last, First, Middle Initial)  
 CAPITOL HILL SUITES

Mailing Address 200 C. STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00796m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

957.24

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

957.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1761 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00797 <b>Date of Disbursement</b>																				
Mailing Address 3101 HEMLOCK HILLS LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
City APEX State NC Zip Code 27539	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>1</td><td>4</td><td>4</td><td>1</td><td>.</td><td>8</td><td>6</td> </tr> </table>	1	4	4	1	.	8	6													
1	4	4	1	.	8	6															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL SUITES	<b>Transaction ID:</b> 2009M04L21a00797m <b>Date of Disbursement</b>																				
Mailing Address 200 C. STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>1</td><td>4</td><td>4</td><td>1</td><td>.</td><td>8</td><td>6</td> </tr> </table>	1	4	4	1	.	8	6													
1	4	4	1	.	8	6															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00798 <b>Date of Disbursement</b>																				
Mailing Address 3101 HEMLOCK HILLS LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City APEX State NC Zip Code 27539	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>4</td><td>.</td><td>4</td><td>6</td> </tr> </table>	4	.	4	6																
4	.	4	6																		
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**1446.32**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1762 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MCDONALD'S, HENDERSON NC	<b>Transaction ID:</b> 2009M04L21a00798m <b>Date of Disbursement</b>
Mailing Address 1421 ANDREWS AVENUE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City HENDERSON State NC Zip Code 27536	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>4.46</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM]	
<b>B.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00799 <b>Date of Disbursement</b>
Mailing Address 3101 HEMLOCK HILLS LN	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City APEX State NC Zip Code 27539	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>5.37</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM]	
<b>C.</b> Full Name (Last, First, Middle Initial) MCDONALD'S, ASHLAND VA	<b>Transaction ID:</b> 2009M04L21a00799m <b>Date of Disbursement</b>
Mailing Address 103 S CARTER RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City ASHLAND State VA Zip Code 23005	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>5.37</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM]	

**SUBTOTAL** of Disbursements This Page (optional) .....

5.37

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1763 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00800 <b>Date of Disbursement</b>
Mailing Address 3101 HEMLOCK HILLS LN	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City APEX State NC Zip Code 27539	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>12.75</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) POTBELLY, WASHINGTON DC	<b>Transaction ID:</b> 2009M04L21a00800m <b>Date of Disbursement</b>
Mailing Address 409 3RD STREET SW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20024	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>12.75</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00801 <b>Date of Disbursement</b>
Mailing Address 3101 HEMLOCK HILLS LN	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City APEX State NC Zip Code 27539	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>16.03</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

28.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1764 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 HOLIDAY INN HISTORICAL ALEX.

Mailing Address 625 FIRST STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00801m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

16.03

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
 MARK STEPHENS

Mailing Address 3101 HEMLOCK HILLS LN

City APEX State NC Zip Code 27539

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00802  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

16.50

**C.** Full Name (Last, First, Middle Initial)  
 POURHOUSE, WASHINGTON DC

Mailing Address 319 PENN AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00802m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

16.50

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

16.50

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1765 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00803 <b>Date of Disbursement</b>																				
Mailing Address 3101 HEMLOCK HILLS LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City APEX State NC Zip Code 27539	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">22.72</td> </tr> </table>	22.72																			
22.72																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	<b>Transaction ID:</b> 2009M04L21a00803m <b>Date of Disbursement</b>																				
Mailing Address 300 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">22.72</td> </tr> </table>	22.72																			
22.72																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00804 <b>Date of Disbursement</b>																				
Mailing Address 3101 HEMLOCK HILLS LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
City APEX State NC Zip Code 27539	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">23.20</td> </tr> </table>	23.20																			
23.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**45.92**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1766 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 TORTILLA COAST, WASHINGTON DC

Mailing Address 400 FIRST ST SE

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00804m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

23.20

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
 MARK STEPHENS

Mailing Address 3101 HEMLOCK HILLS LN

City APEX State NC Zip Code 27539

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00805  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

23.61

**C.**

Full Name (Last, First, Middle Initial)  
 CROWNE PLAZA, ALEXANDRIA VA

Mailing Address 901 N FAIRFAX ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00805m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

23.61

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

23.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1767 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00806 <b>Date of Disbursement</b>
Mailing Address 3101 HEMLOCK HILLS LN	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 0 / 2 0 0 9</div> </div>
City APEX State NC Zip Code 27539	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>31.94</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) TAVERNA THE GREEK ISLANDS	<b>Transaction ID:</b> 2009M04L21a00806m <b>Date of Disbursement</b>
Mailing Address 305 PENN AVE SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 0 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>31.94</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00807 <b>Date of Disbursement</b>
Mailing Address 3101 HEMLOCK HILLS LN	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 0 / 2 0 0 9</div> </div>
City APEX State NC Zip Code 27539	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>32.28</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

64.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1768 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 TORTILLA COAST, WASHINGTON DC

Mailing Address 400 FIRST ST SE

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00807m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

32.28

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
 MARK STEPHENS

Mailing Address 3101 HEMLOCK HILLS LN

City APEX State NC Zip Code 27539

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00808  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

32.55

**C.** Full Name (Last, First, Middle Initial)  
 TAVERNA THE GREEK ISLANDS

Mailing Address 305 PENN AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00808m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

32.55

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

32.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1769 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00809 <b>Date of Disbursement</b>																				
Mailing Address 3101 HEMLOCK HILLS LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
City APEX State NC Zip Code 27539	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>33.49</td> </tr> </table>	33.49																			
33.49																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) HAWK & DOVE, WASHINGTON DC	<b>Transaction ID:</b> 2009M04L21a00809m <b>Date of Disbursement</b>																				
Mailing Address 329 PENNSYLVANIA AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
City WASHINGTON State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>33.49</td> </tr> </table>	33.49																			
33.49																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00810 <b>Date of Disbursement</b>																				
Mailing Address 3101 HEMLOCK HILLS LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City APEX State NC Zip Code 27539	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>36.20</td> </tr> </table>	36.20																			
36.20																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

69.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1770 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CHINATOWN EXPRESS REST, WDC Mailing Address 744-746 6TH ST NW	<b>Transaction ID:</b> 2009M04L21a00810m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20001 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>36.20</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS Mailing Address 3101 HEMLOCK HILLS LN City APEX State NC Zip Code 27539 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00811 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>40.48</div>
<b>C.</b> Full Name (Last, First, Middle Initial) I.H.O.P. #578 Mailing Address 3425 A JEFFERSON DAVIS HWY City ALEXNADRIA State VA Zip Code 22305 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00811m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>40.48</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

40.48

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1771 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00812 <b>Date of Disbursement</b>																				
Mailing Address 3101 HEMLOCK HILLS LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City APEX State NC Zip Code 27539	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">54.84</td> </tr> </table>	54.84																			
54.84																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) TAVERNA THE GREEK ISLANDS	<b>Transaction ID:</b> 2009M04L21a00812m <b>Date of Disbursement</b>																				
Mailing Address 305 PENN AVE SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">54.84</td> </tr> </table>	54.84																			
54.84																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00813 <b>Date of Disbursement</b>																				
Mailing Address 3101 HEMLOCK HILLS LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	0		2	0	9													
City APEX State NC Zip Code 27539	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">56.10</td> </tr> </table>	56.10																			
56.10																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**110.94**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1772 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SONOMA, WASHINGTON DC	<b>Transaction ID:</b> 2009M04L21a00813m <b>Date of Disbursement</b>																				
Mailing Address 223 PENNSYLVANIA AVE SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">56.10</td> </tr> </table>	56.10																			
56.10																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>B.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00814 <b>Date of Disbursement</b>																				
Mailing Address 3101 HEMLOCK HILLS LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
City APEX State NC Zip Code 27539	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">57.03</td> </tr> </table>	57.03																			
57.03																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>C.</b> Full Name (Last, First, Middle Initial) BOBBY VANS GRILLE, WDC	<b>Transaction ID:</b> 2009M04L21a00814m <b>Date of Disbursement</b>																				
Mailing Address 1201 NEW YORK AVE NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">57.03</td> </tr> </table>	57.03																			
57.03																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">57.03</td> </tr> </table>	57.03																			
57.03																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1776 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	<b>Transaction ID:</b> 2009M04L21a00819m <b>Date of Disbursement</b>																				
Mailing Address 300 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">175.22</td> </tr> </table>	175.22																			
175.22																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00820 <b>Date of Disbursement</b>																				
Mailing Address 3101 HEMLOCK HILLS LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City APEX State NC Zip Code 27539	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MILEAGE	<table border="1"> <tr> <td colspan="10">308.00</td> </tr> </table>	308.00																			
308.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00821 <b>Date of Disbursement</b>																				
Mailing Address 3101 HEMLOCK HILLS LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City APEX State NC Zip Code 27539	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MILEAGE	<table border="1"> <tr> <td colspan="10">308.00</td> </tr> </table>	308.00																			
308.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

616.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1777 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00822 <b>Date of Disbursement</b>
Mailing Address 3101 HEMLOCK HILLS LN	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 9</div> </div>
City APEX State NC Zip Code 27539	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MILEAGE	<div>308.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00823 <b>Date of Disbursement</b>
Mailing Address 3101 HEMLOCK HILLS LN	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 0 / 2 0 0 9</div> </div>
City APEX State NC Zip Code 27539	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MILEAGE	<div>308.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00824 <b>Date of Disbursement</b>
Mailing Address 3101 HEMLOCK HILLS LN	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City APEX State NC Zip Code 27539	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MILEAGE	<div>308.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**924.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1778 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00825 <b>Date of Disbursement</b>																				
Mailing Address 3101 HEMLOCK HILLS LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City APEX State NC Zip Code 27539	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TAXI	<table border="1"> <tr> <td colspan="10">9.00</td> </tr> </table>	9.00																			
9.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00826 <b>Date of Disbursement</b>																				
Mailing Address 3101 HEMLOCK HILLS LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	9													
City APEX State NC Zip Code 27539	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TAXI	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MARK STEPHENS	<b>Transaction ID:</b> 2009M04L21a00827 <b>Date of Disbursement</b>																				
Mailing Address 3101 HEMLOCK HILLS LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	0		2	0	9													
City APEX State NC Zip Code 27539	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TAXI	<table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>	40.00																			
40.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">69.00</td> </tr> </table>	69.00																			
69.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1779 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

JOHN ST.MARTIN

Mailing Address 8929 ALLISTON HOLLOW WAY

City State Zip Code  
GAITHERSBURG MD 20879Purpose of Disbursement  
STAFF CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00828

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	9

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN ST.MARTIN

Mailing Address 8929 ALLISTON HOLLOW WAY

City State Zip Code  
GAITHERSBURG MD 20879Purpose of Disbursement  
STAFF CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00829

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	0	9

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

STRATEGCO, LLC

Mailing Address 901 7TH ST NW SUITE 200

City State Zip Code  
WASHINGTON DC 20001Purpose of Disbursement  
CONSULTING-STAFF ASSISTANT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00830

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	9

Amount of Each Disbursement this Period

12000.00

SUBTOTAL of Disbursements This Page (optional) .....

22000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1780 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	<b>Transaction ID:</b> 2009M04L21a00831 <b>Date of Disbursement</b>
Mailing Address 7591 9TH STREET NORTH	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City SAINT PAUL State MN Zip Code 55128	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TELEMARKETING	<div>172.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	<b>Transaction ID:</b> 2009M04L21a00832 <b>Date of Disbursement</b>
Mailing Address 7591 9TH STREET NORTH	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City SAINT PAUL State MN Zip Code 55128	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TELEMARKETING	<div>370.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	<b>Transaction ID:</b> 2009M04L21a00833 <b>Date of Disbursement</b>
Mailing Address 7591 9TH STREET NORTH	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City SAINT PAUL State MN Zip Code 55128	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TELEMARKETING	<div>410.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

952.50

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	<b>Transaction ID:</b> 2009M04L21a00834 <b>Date of Disbursement</b>																				
Mailing Address 7591 9TH STREET NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City SAINT PAUL State MN Zip Code 55128	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>510.50</td> </tr> </table>	510.50																			
510.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	<b>Transaction ID:</b> 2009M04L21a00835 <b>Date of Disbursement</b>																				
Mailing Address 7591 9TH STREET NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	9													
City SAINT PAUL State MN Zip Code 55128	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>560.00</td> </tr> </table>	560.00																			
560.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	<b>Transaction ID:</b> 2009M04L21a00836 <b>Date of Disbursement</b>																				
Mailing Address 7591 9TH STREET NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City SAINT PAUL State MN Zip Code 55128	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>797.00</td> </tr> </table>	797.00																			
797.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1867.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1782 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	<b>Transaction ID:</b> 2009M04L21a00837 <b>Date of Disbursement</b>																				
Mailing Address 7591 9TH STREET NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	0	9												
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>822.00</td> </tr> </table>	822.00																			
822.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	<b>Transaction ID:</b> 2009M04L21a00838 <b>Date of Disbursement</b>																				
Mailing Address 7591 9TH STREET NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>995.00</td> </tr> </table>	995.00																			
995.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	<b>Transaction ID:</b> 2009M04L21a00839 <b>Date of Disbursement</b>																				
Mailing Address 7591 9TH STREET NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	0	9												
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>1026.00</td> </tr> </table>	1026.00																			
1026.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2843.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1783 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 STRATEGIC FUNDRAISING

Mailing Address 7591 9TH STREET NORTH

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00840  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)  
 STRATEGIC FUNDRAISING

Mailing Address 7591 9TH STREET NORTH

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00841  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)  
 STRATEGIC FUNDRAISING

Mailing Address 7591 9TH STREET NORTH

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00842  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**3383.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1784 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	<b>Transaction ID:</b> 2009M04L21a00843 <b>Date of Disbursement</b>
Mailing Address 7591 9TH STREET NORTH	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City SAINT PAUL State MN Zip Code 55128	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TELEMARKETING	<div>1379.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	<b>Transaction ID:</b> 2009M04L21a00844 <b>Date of Disbursement</b>
Mailing Address 7591 9TH STREET NORTH	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City SAINT PAUL State MN Zip Code 55128	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TELEMARKETING	<div>1775.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	<b>Transaction ID:</b> 2009M04L21a00845 <b>Date of Disbursement</b>
Mailing Address 7591 9TH STREET NORTH	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City SAINT PAUL State MN Zip Code 55128	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TELEMARKETING	<div>1970.50</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

5124.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 STRATEGIC FUNDRAISING

Mailing Address 7591 9TH STREET NORTH

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00846  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

5649.80

**B.**

Full Name (Last, First, Middle Initial)  
 STRATEGIC FUNDRAISING

Mailing Address 7591 9TH STREET NORTH

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00847  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

16545.00

**C.**

Full Name (Last, First, Middle Initial)  
 STRATEGIC FUNDRAISING

Mailing Address 7591 9TH STREET NORTH

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00848  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

20799.50

**SUBTOTAL** of Disbursements This Page (optional) .....

42994.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1786 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	<b>Transaction ID:</b> 2009M04L21a00849 <b>Date of Disbursement</b>																				
Mailing Address 7591 9TH STREET NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City SAINT PAUL State MN Zip Code 55128	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>28688.40</td> </tr> </table>	28688.40																			
28688.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	<b>Transaction ID:</b> 2009M04L21a00850 <b>Date of Disbursement</b>																				
Mailing Address 7591 9TH STREET NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	0	9												
City SAINT PAUL State MN Zip Code 55128	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>30423.98</td> </tr> </table>	30423.98																			
30423.98																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	<b>Transaction ID:</b> 2009M04L21a00851 <b>Date of Disbursement</b>																				
Mailing Address 7591 9TH STREET NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	0	9												
City SAINT PAUL State MN Zip Code 55128	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>48774.50</td> </tr> </table>	48774.50																			
48774.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**107886.88**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1787 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	<b>Transaction ID:</b> 2009M04L21a00852 <b>Date of Disbursement</b>																				
Mailing Address 7591 9TH STREET NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	0	9												
City SAINT PAUL State MN Zip Code 55128	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEMARKETING Candidate Name	<table border="1"> <tr> <td colspan="10">51182.94</td> </tr> </table>	51182.94																			
51182.94																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	<b>Transaction ID:</b> 2009M04L21a00853 <b>Date of Disbursement</b>																				
Mailing Address 7591 9TH STREET NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	0	9												
City SAINT PAUL State MN Zip Code 55128	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEMARKETING Candidate Name	<table border="1"> <tr> <td colspan="10">65075.00</td> </tr> </table>	65075.00																			
65075.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ST REGIS, WASHINGTON DC	<b>Transaction ID:</b> 2009M04L21a00854 <b>Date of Disbursement</b>																				
Mailing Address 923 16TH AND K ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20006	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING Candidate Name	<table border="1"> <tr> <td colspan="10">2727.96</td> </tr> </table>	2727.96																			
2727.96																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**118985.90**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1788 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 THOMPSON WEST

Mailing Address WEST PAYMENT CENTER  
 PO BOX 6292

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement  
 ONLINE CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00855  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

5643.07

**B.**

Full Name (Last, First, Middle Initial)  
 THOMPSON WEST

Mailing Address WEST PAYMENT CENTER  
 PO BOX 6292

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement  
 SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00856  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

178.19

**C.**

Full Name (Last, First, Middle Initial)  
 THYSEN KRUPP ELEVATOR

Mailing Address P O BOX 933007

City ATLANTA State GA Zip Code 31193-3007

Purpose of Disbursement  
 MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00857  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

5081.46

**SUBTOTAL** of Disbursements This Page (optional) .....

10902.72

**TOTAL** This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1790 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ALASKA AIRLINES INC	<b>Transaction ID:</b> 2009M04L21a00859m <b>Date of Disbursement</b>
Mailing Address 20833 INTERNATIONAL BLVD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City SEATTLE State WA Zip Code 98198	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE	<div>395.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) BOB TIERMAN	<b>Transaction ID:</b> 2009M04L21a00860 <b>Date of Disbursement</b>
Mailing Address 205 EVERGREEN STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City LAKE OSNEGO State OR Zip Code 97034	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE	<div>555.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) ALASKA AIRLINES INC	<b>Transaction ID:</b> 2009M04L21a00860m <b>Date of Disbursement</b>
Mailing Address 20833 INTERNATIONAL BLVD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City SEATTLE State WA Zip Code 98198	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE	<div>555.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

555.40

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

717.93

717.93

25.90

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1792 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) OYAMEL, WASHINGTON DC	<b>Transaction ID:</b> 2009M04L21a00862m <b>Date of Disbursement</b>
Mailing Address 401 7TH ST NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20004	<b>Amount of Each Disbursement this Period</b> <div>25.90</div>
Purpose of Disbursement MEALS Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) BOB TIERMAN	<b>Transaction ID:</b> 2009M04L21a00863 <b>Date of Disbursement</b>
Mailing Address 205 EVERGREEN STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City LAKE OSNEGO State OR Zip Code 97034	<b>Amount of Each Disbursement this Period</b> <div>101.60</div>
Purpose of Disbursement MEALS Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) THE CAPITAL GRILLE WASH, DC	<b>Transaction ID:</b> 2009M04L21a00863m <b>Date of Disbursement</b>
Mailing Address 601 PENNSYLVANIA AVE NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20004	<b>Amount of Each Disbursement this Period</b> <div>101.60</div>
Purpose of Disbursement MEALS Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

101.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1793 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BOB TIERMAN	<b>Transaction ID:</b> 2009M04L21a00864 <b>Date of Disbursement</b>
Mailing Address 205 EVERGREEN STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City LAKE OSNEGO State OR Zip Code 97034	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>102.31</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) TGI FRIDAYS #0792	<b>Transaction ID:</b> 2009M04L21a00864m <b>Date of Disbursement</b>
Mailing Address REAGAN NAT'L AIRPORT 1 AVIATION CIRCLE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20001	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>102.31</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) BOB TIERMAN	<b>Transaction ID:</b> 2009M04L21a00865 <b>Date of Disbursement</b>
Mailing Address 205 EVERGREEN STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City LAKE OSNEGO State OR Zip Code 97034	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>102.35</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

204.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 MCCORMICK & SCHMICK, WDC

Mailing Address 162 K ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00865m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

102.35

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
 BOB TIERMAN

Mailing Address 205 EVERGREEN STREET

City LAKE OSNEGO State OR Zip Code 97034

Purpose of Disbursement  
 MEALS,PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00866  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

40.25

**C.** Full Name (Last, First, Middle Initial)  
 NATIONAL AIRPORT GRILL, WDC

Mailing Address ONE AVIATION CIRCLE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
 MEALS,PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00866m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

40.25

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

40.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1795 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BOB TIERMAN	<b>Transaction ID:</b> 2009M04L21a00867 <b>Date of Disbursement</b>
Mailing Address 205 EVERGREEN STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City LAKE OSNEGO State OR Zip Code 97034	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MILEAGE	<div> <div></div> <div>33.00</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) TINY JEWEL BOX	<b>Transaction ID:</b> 2009M04L21a00868 <b>Date of Disbursement</b>
Mailing Address 1145 CONNECTICUT AVE 2ND FLOOR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement OFFICE SUPPLIES	<div> <div></div> <div>597.49</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) TODD ALLAN PRINTING	<b>Transaction ID:</b> 2009M04L21a00869 <b>Date of Disbursement</b>
Mailing Address 5760 SUNNYSIDE AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City BELTSVILLE State MD Zip Code 20705	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PRINTING COST	<div> <div></div> <div>68.00</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**698.49**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) TODD ALLAN PRINTING	<b>Transaction ID:</b> 2009M04L21a00870 <b>Date of Disbursement</b>																				
Mailing Address 5760 SUNNYSIDE AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City BELTSVILLE State MD Zip Code 20705	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PRINTING COST Candidate Name	<table border="1"> <tr> <td colspan="10">490.00</td> </tr> </table>	490.00																			
490.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) TODD ALLAN PRINTING	<b>Transaction ID:</b> 2009M04L21a00871 <b>Date of Disbursement</b>																				
Mailing Address 5760 SUNNYSIDE AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City BELTSVILLE State MD Zip Code 20705	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PRINTING COST Candidate Name	<table border="1"> <tr> <td colspan="10">688.60</td> </tr> </table>	688.60																			
688.60																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) TODD ALLAN PRINTING	<b>Transaction ID:</b> 2009M04L21a00872 <b>Date of Disbursement</b>																				
Mailing Address 5760 SUNNYSIDE AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City BELTSVILLE State MD Zip Code 20705	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PRINTING COST Candidate Name	<table border="1"> <tr> <td colspan="10">785.00</td> </tr> </table>	785.00																			
785.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1963.60

**TOTAL** This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) TODD ALLAN PRINTING Mailing Address 5760 SUNNYSIDE AVE	<b>Transaction ID:</b> 2009M04L21a00876 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City BELTSVILLE State MD Zip Code 20705 Purpose of Disbursement PRINTING COST Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>2220.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) TODD ALLAN PRINTING Mailing Address 5760 SUNNYSIDE AVE	<b>Transaction ID:</b> 2009M04L21a00877 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City BELTSVILLE State MD Zip Code 20705 Purpose of Disbursement PRINTING COST Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>2333.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) TODD ALLAN PRINTING Mailing Address 5760 SUNNYSIDE AVE	<b>Transaction ID:</b> 2009M04L21a00878 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City BELTSVILLE State MD Zip Code 20705 Purpose of Disbursement PRINTING COST Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>2385.00</div>
<b>SUBTOTAL of Disbursements This Page (optional)</b> ..... ►	
<b>TOTAL This Period (last page this line number only)</b> ..... ►	

6938.00

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1800 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) TRANSAMERICA LIFE INSURANCE	<b>Transaction ID:</b> 2009M04L21a00882 <b>Date of Disbursement</b>																				
Mailing Address 1150 SOUTH OLIVE STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City LOS ANGELES State CA Zip Code 90015-2211	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 401K MATCH	<table border="1"> <tr> <td colspan="10">4367.34</td> </tr> </table>	4367.34																			
4367.34																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) TRANSAMERICA LIFE INSURANCE	<b>Transaction ID:</b> 2009M04L21a00883 <b>Date of Disbursement</b>																				
Mailing Address 1150 SOUTH OLIVE STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	0	9												
City LOS ANGELES State CA Zip Code 90015-2211	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement EMPLOYEE DEDUCTION	<table border="1"> <tr> <td colspan="10">9321.66</td> </tr> </table>	9321.66																			
9321.66																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) TRANSAMERICA LIFE INSURANCE	<b>Transaction ID:</b> 2009M04L21a00884 <b>Date of Disbursement</b>																				
Mailing Address 1150 SOUTH OLIVE STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City LOS ANGELES State CA Zip Code 90015-2211	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement EMPLOYEE DEDUCTION	<table border="1"> <tr> <td colspan="10">9701.66</td> </tr> </table>	9701.66																			
9701.66																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

23390.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1801 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) TRANSAMERICA RETIREMENT SRVC	<b>Transaction ID:</b> 2009M04L21a00885 <b>Date of Disbursement</b>
Mailing Address TRANSAMERICA CENTER 1150 SOUTH OLIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City LOS ANGELES State CA Zip Code 90015	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 401K MANAGMENT SVS	<div>160.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) TRANSAMERICA RETIREMENT SRVC	<b>Transaction ID:</b> 2009M04L21a00886 <b>Date of Disbursement</b>
Mailing Address TRANSAMERICA CENTER 1150 SOUTH OLIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City LOS ANGELES State CA Zip Code 90015	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 401K MANAGMENT SVS	<div>264.61</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) UPS, PHILADELPHIA PA	<b>Transaction ID:</b> 2009M04L21a00887 <b>Date of Disbursement</b>
Mailing Address P O BOX 7247-0244	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City PHILADELPHIA State PA Zip Code 19170-0001	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement SHIPPING COST	<div>185.34</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**610.45**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1802 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

UPS, PHILADELPHIA PA

Mailing Address P O BOX 7247-0244

City PHILADELPHIA State PA Zip Code 19170-0001

Purpose of Disbursement  
 SHIPPING COST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00888

Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

278.39

**B.**

Full Name (Last, First, Middle Initial)

UPS, PHILADELPHIA PA

Mailing Address P O BOX 7247-0244

City PHILADELPHIA State PA Zip Code 19170-0001

Purpose of Disbursement  
 SHIPPING COST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00889

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

495.82

**C.**

Full Name (Last, First, Middle Initial)

UPS, PHILADELPHIA PA

Mailing Address P O BOX 7247-0244

City PHILADELPHIA State PA Zip Code 19170-0001

Purpose of Disbursement  
 SHIPPING COST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L21a00890

Date of Disbursement

03 / 05 / 2009

Amount of Each Disbursement this Period

2081.31

**SUBTOTAL** of Disbursements This Page (optional) .....

2855.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1803 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) US MONITOR	<b>Transaction ID:</b> 2009M04L21a00891 <b>Date of Disbursement</b>																				
Mailing Address 86 MAPLE AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City NEW CITY State NY Zip Code 10956	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MAILING COSTS	<table border="1"> <tr> <td>47.80</td> </tr> </table>	47.80																			
47.80																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) US MONITOR	<b>Transaction ID:</b> 2009M04L21a00892 <b>Date of Disbursement</b>																				
Mailing Address 86 MAPLE AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City NEW CITY State NY Zip Code 10956	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MAILING COSTS	<table border="1"> <tr> <td>53.10</td> </tr> </table>	53.10																			
53.10																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) US MONITOR	<b>Transaction ID:</b> 2009M04L21a00893 <b>Date of Disbursement</b>																				
Mailing Address 86 MAPLE AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City NEW CITY State NY Zip Code 10956	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MAILING COSTS	<table border="1"> <tr> <td>300.05</td> </tr> </table>	300.05																			
300.05																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**400.95**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1804 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 US POSTMASTER -WASHINGTON, DC

Mailing Address 900 BRENTWOOD RD, NE

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00894

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)  
 US POSTMASTER -WASHINGTON, DC

Mailing Address 900 BRENTWOOD RD, NE

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00895

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)  
 US POSTMASTER -WASHINGTON, DC

Mailing Address 900 BRENTWOOD RD, NE

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00896

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**16130.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1805 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 US POSTMASTER -WASHINGTON, DC

Mailing Address 900 BRENTWOOD RD, NE

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00897  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

20000.00

**B.** Full Name (Last, First, Middle Initial)  
 US POSTMASTER -WASHINGTON, DC

Mailing Address 900 BRENTWOOD RD, NE

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00898  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

20000.00

**C.** Full Name (Last, First, Middle Initial)  
 US POSTMASTER -WASHINGTON, DC

Mailing Address 900 BRENTWOOD RD, NE

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00899  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

30000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

70000.00

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1807 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) TODD VAN ETTEN	<b>Transaction ID:</b> 2009M04L21a00903 <b>Date of Disbursement</b>
Mailing Address 1425 S EADS ST APT 309	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CAR RENTAL Candidate Name	<div>147.08</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) DTG OPERATIONS, INC-BOK	<b>Transaction ID:</b> 2009M04L21a00903m <b>Date of Disbursement</b>
Mailing Address THRIFTY CAR RENTAL LOCKBOX 2241	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City TULSA State OK Zip Code 74182	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CAR RENTAL Candidate Name	<div>147.08</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) TODD VAN ETTEN	<b>Transaction ID:</b> 2009M04L21a00904 <b>Date of Disbursement</b>
Mailing Address 1425 S EADS ST APT 309	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement FUEL Candidate Name	<div>14.52</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

161.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1808 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) TODD VAN ETTEN Mailing Address 1425 S EADS ST APT 309	<b>Transaction ID:</b> 2009M04L21a00905 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22202 Purpose of Disbursement INTERNET SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>24.95</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) NING, INC Mailing Address 735 EMERSON ST City PALO ALTO State CA Zip Code 94301 Purpose of Disbursement INTERNET SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00905m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>24.95</div> <div>Category/Type</div> <p><b>[MEMO ITEM]</b></p>
<b>C.</b> Full Name (Last, First, Middle Initial) TODD VAN ETTEN Mailing Address 1425 S EADS ST APT 309 City ARLINGTON State VA Zip Code 22202 Purpose of Disbursement LODGING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00906 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>316.14</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**341.09**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1809 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) GALT HOUSE HOTEL AND SUITES	<b>Transaction ID:</b> 2009M04L21a00906m <b>Date of Disbursement</b>
Mailing Address 140 NORTH 4TH AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City LOUISVILLE State KY Zip Code 40202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement LODGING	<div>316.14</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) TODD VAN ETEN	<b>Transaction ID:</b> 2009M04L21a00907 <b>Date of Disbursement</b>
Mailing Address 1425 S EADS ST APT 309	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>49.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) TORTILLA COAST, WASHINGTON DC	<b>Transaction ID:</b> 2009M04L21a00907m <b>Date of Disbursement</b>
Mailing Address 400 FIRST ST SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20016	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>49.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

49.00

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
TODD VAN ETTEN

Mailing Address  
1425 S EADS ST APT 309

City  
ARLINGTON

State  
VA

Zip Code  
22202

Purpose of Disbursement  
METROFARE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary  
☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID: 2009M04L21a00908  
Date of Disbursement  
MM / DD / YYYY  
03 / 26 / 2009

Amount of Each Disbursement this Period  
193.00

B.

Full Name (Last, First, Middle Initial)  
WA METRO ATA

Mailing Address  
600 5TH ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20001-2610

Purpose of Disbursement  
METROFARE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary  
☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID: 2009M04L21a00908m  
Date of Disbursement  
MM / DD / YYYY  
03 / 26 / 2009

Amount of Each Disbursement this Period  
193.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
TODD VAN ETTEN

Mailing Address  
1425 S EADS ST APT 309

City  
ARLINGTON

State  
VA

Zip Code  
22202

Purpose of Disbursement  
PER DIEM

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary  
☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID: 2009M04L21a00909  
Date of Disbursement  
MM / DD / YYYY  
03 / 26 / 2009

Amount of Each Disbursement this Period  
120.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

313.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1811 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) TODD VAN ETTEN Mailing Address 1425 S EADS ST APT 309	<b>Transaction ID:</b> 2009M04L21a00910 <b>Date of Disbursement</b> <div> <div>03</div> <div>05</div> <div>2009</div> </div>
City ARLINGTON State VA Zip Code 22202 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>83.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00910m <b>Date of Disbursement</b> <div> <div>03</div> <div>05</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>83.00</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON Mailing Address P O BOX 660720 City DALLAS State TX Zip Code 75266-0720 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00911 <b>Date of Disbursement</b> <div> <div>03</div> <div>05</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>51.72</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**134.72**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1812 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address P O BOX 660720

City  
**DALLAS**

State  
**TX**

Zip Code  
**75266-0720**

Purpose of Disbursement  
**TELEPHONE CHARGES**

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00912

Date of Disbursement

/   /

Amount of Each Disbursement this Period

51.72

**B.**

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address P O BOX 660720

City  
**DALLAS**

State  
**TX**

Zip Code  
**75266-0720**

Purpose of Disbursement  
**TELEPHONE CHARGES**

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00913

Date of Disbursement

/   /

Amount of Each Disbursement this Period

39.95

**C.**

Full Name (Last, First, Middle Initial)

VERIZON CABS

Mailing Address P O BOX 4832

City  
**TRENTON**

State  
**NJ**

Zip Code  
**08650-4832**

Purpose of Disbursement  
**TELEPHONE CHARGES**

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00914

Date of Disbursement

/   /

Amount of Each Disbursement this Period

825.64

**SUBTOTAL** of Disbursements This Page (optional) .....

917.31

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1813 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address P O BOX 25505

City  
 LEHIGH VALLEY

State  
 PA

Zip Code  
 18002

Purpose of Disbursement  
 PHONE CHARGES

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00915

Date of Disbursement

/   /

Amount of Each Disbursement this Period

37.69

**B.**

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address P O BOX 25505

City  
 LEHIGH VALLEY

State  
 PA

Zip Code  
 18002

Purpose of Disbursement  
 PHONE CHARGES

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00916

Date of Disbursement

/   /

Amount of Each Disbursement this Period

73.61

**C.**

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address P O BOX 25505

City  
 LEHIGH VALLEY

State  
 PA

Zip Code  
 18002

Purpose of Disbursement  
 PHONE CHARGES

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00917

Date of Disbursement

/   /

Amount of Each Disbursement this Period

79.66

**SUBTOTAL** of Disbursements This Page (optional) .....

190.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1814 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00918 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>81.03</td> </tr> </table>	81.03																			
81.03																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00919 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>82.26</td> </tr> </table>	82.26																			
82.26																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00920 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>83.33</td> </tr> </table>	83.33																			
83.33																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**246.62**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1815 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00921 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>83.33</td> </tr> </table>	83.33																			
83.33																					
Purpose of Disbursement PHONE CHARGES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00922 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>83.33</td> </tr> </table>	83.33																			
83.33																					
Purpose of Disbursement PHONE CHARGES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00923 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>83.33</td> </tr> </table>	83.33																			
83.33																					
Purpose of Disbursement PHONE CHARGES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**249.99**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1816 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00924 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>83.33</td> </tr> </table>	83.33																			
83.33																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00925 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>89.81</td> </tr> </table>	89.81																			
89.81																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00926 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>93.87</td> </tr> </table>	93.87																			
93.87																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**267.01**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1818 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**VERIZON WIRELESS**

Mailing Address **P O BOX 25505**

City  
**LEHIGH VALLEY**

State  
**PA**

Zip Code  
**18002**

Purpose of Disbursement  
**PHONE CHARGES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00930**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**164.36**

**B.**

Full Name (Last, First, Middle Initial)

**VERIZON WIRELESS**

Mailing Address **P O BOX 25505**

City  
**LEHIGH VALLEY**

State  
**PA**

Zip Code  
**18002**

Purpose of Disbursement  
**PHONE CHARGES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00931**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**166.66**

**C.**

Full Name (Last, First, Middle Initial)

**VERIZON WIRELESS**

Mailing Address **P O BOX 25505**

City  
**LEHIGH VALLEY**

State  
**PA**

Zip Code  
**18002**

Purpose of Disbursement  
**PHONE CHARGES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00932**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**167.32**

**SUBTOTAL** of Disbursements This Page (optional) .....

**498.34**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1819 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00933 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>167.53</td> </tr> </table>	167.53																			
167.53																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00934 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>171.15</td> </tr> </table>	171.15																			
171.15																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00935 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>175.47</td> </tr> </table>	175.47																			
175.47																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

514.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1820 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00936 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>196.93</td> </tr> </table>	196.93																			
196.93																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00937 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>198.43</td> </tr> </table>	198.43																			
198.43																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00938 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>227.68</td> </tr> </table>	227.68																			
227.68																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**623.04**

**TOTAL** This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1822 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505	<b>Transaction ID:</b> 2009M04L21a00942 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>321.26</div>
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00943 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>334.19</div>
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00944 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>366.61</div>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>1022.06</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1823 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505	<b>Transaction ID:</b> 2009M04L21a00945 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>372.54</div>
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00946 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>403.64</div>
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00947 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>440.46</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1216.64**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00948 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>468.43</td> </tr> </table>	468.43																			
468.43																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00949 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>469.87</td> </tr> </table>	469.87																			
469.87																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00950 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>513.61</td> </tr> </table>	513.61																			
513.61																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1451.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00951 <b>Date of Disbursement</b>
Mailing Address P O BOX 25505	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PHONE CHARGES	<div>633.48</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00952 <b>Date of Disbursement</b>
Mailing Address P O BOX 25505	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PHONE CHARGES	<div>702.15</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00953 <b>Date of Disbursement</b>
Mailing Address P O BOX 25505	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PHONE CHARGES	<div>895.82</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**2231.45**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1827 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00957 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>1801.68</td> </tr> </table>	1801.68																			
1801.68																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2009M04L21a00958 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	9													
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE CHARGES-VENDOR CREDIT	<table border="1"> <tr> <td>-0.92</td> </tr> </table>	-0.92																			
-0.92																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS	<b>Transaction ID:</b> 2009M04L21a00959 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 371873	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	9													
City PITTSBURGH State PA Zip Code 15250-7873	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEPHONE CHARGES	<table border="1"> <tr> <td>0.04</td> </tr> </table>	0.04																			
0.04																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1800.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1828 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS	<b>Transaction ID:</b> 2009M04L21a00960 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 371873	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City PITTSBURGH State PA Zip Code 15250-7873	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEPHONE CHARGES	<table border="1"> <tr> <td>0</td><td>1</td><td>7</td> </tr> </table>	0	1	7																	
0	1	7																			
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS	<b>Transaction ID:</b> 2009M04L21a00961 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 371873	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City PITTSBURGH State PA Zip Code 15250-7873	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEPHONE CHARGES	<table border="1"> <tr> <td>0</td><td>2</td><td>0</td> </tr> </table>	0	2	0																	
0	2	0																			
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS	<b>Transaction ID:</b> 2009M04L21a00962 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 371873	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City PITTSBURGH State PA Zip Code 15250-7873	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEPHONE CHARGES	<table border="1"> <tr> <td>0</td><td>2</td><td>9</td> </tr> </table>	0	2	9																	
0	2	9																			
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.66**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1829 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS	<b>Transaction ID:</b> 2009M04L21a00963 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 371873	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>0</td><td>4</td><td>1</td> </tr> </table>	0	4	1																	
0	4	1																			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS	<b>Transaction ID:</b> 2009M04L21a00964 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 371873	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>3</td><td>3</td> </tr> </table>	2	3	3																	
2	3	3																			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS	<b>Transaction ID:</b> 2009M04L21a00965 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 371873	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>4</td><td>6</td> </tr> </table>	2	4	6																	
2	4	6																			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1830 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS	<b>Transaction ID:</b> 2009M04L21a00966 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 371873	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	9													
City PITTSBURGH State PA Zip Code 15250-7873	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2</td><td>8</td><td>1</td> </tr> </table>	2	8	1																	
2	8	1																			
Purpose of Disbursement TELEPHONE CHARGES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS	<b>Transaction ID:</b> 2009M04L21a00967 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 371873	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	9													
City PITTSBURGH State PA Zip Code 15250-7873	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>3</td><td>2</td><td>4</td> </tr> </table>	3	2	4																	
3	2	4																			
Purpose of Disbursement TELEPHONE CHARGES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS	<b>Transaction ID:</b> 2009M04L21a00968 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 371873	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	9													
City PITTSBURGH State PA Zip Code 15250-7873	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>3</td><td>9</td><td>8</td> </tr> </table>	3	9	8																	
3	9	8																			
Purpose of Disbursement TELEPHONE CHARGES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**10.03**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1832 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address PO BOX 371873	<b>Transaction ID:</b> 2009M04L21a00972 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	1		2	0	0	9													
City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>5.98</td> </tr> </table>	5.98																				
5.98																						
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address PO BOX 371873 City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00973 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>6.41</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9	6.41
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	1		2	0	0	9													
6.41																						
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address PO BOX 371873 City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00974 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>7.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9	7.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	1		2	0	0	9													
7.00																						

SUBTOTAL of Disbursements This Page (optional) .....

19.39

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1833 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**VERIZON BUSINESS**

Mailing Address **PO BOX 371873**

City **PITTSBURGH** State **PA** Zip Code **15250-7873**

Purpose of Disbursement  
**TELEPHONE CHARGES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00975  
**Date of Disbursement**

/   /

**Amount of Each Disbursement this Period**

**7.01**

**B.**

Full Name (Last, First, Middle Initial)  
**VERIZON BUSINESS**

Mailing Address **PO BOX 371873**

City **PITTSBURGH** State **PA** Zip Code **15250-7873**

Purpose of Disbursement  
**TELEPHONE CHARGES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00976  
**Date of Disbursement**

/   /

**Amount of Each Disbursement this Period**

**7.13**

**C.**

Full Name (Last, First, Middle Initial)  
**VERIZON BUSINESS**

Mailing Address **PO BOX 371873**

City **PITTSBURGH** State **PA** Zip Code **15250-7873**

Purpose of Disbursement  
**TELEPHONE CHARGES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2009M04L21a00977  
**Date of Disbursement**

/   /

**Amount of Each Disbursement this Period**

**7.71**

**SUBTOTAL** of Disbursements This Page (optional) .....

**21.85**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1834 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>VERIZON BUSINESS</b>	<b>Transaction ID:</b> 2009M04L21a00978 <b>Date of Disbursement</b>																				
Mailing Address <b>PO BOX 371873</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City <b>PITTSBURGH</b> State <b>PA</b> Zip Code <b>15250-7873</b> Purpose of Disbursement <b>TELEPHONE CHARGES</b> Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>7.75</td> </tr> </table>	7.75																			
7.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>VERIZON BUSINESS</b>	<b>Transaction ID:</b> 2009M04L21a00979 <b>Date of Disbursement</b>																				
Mailing Address <b>PO BOX 371873</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City <b>PITTSBURGH</b> State <b>PA</b> Zip Code <b>15250-7873</b> Purpose of Disbursement <b>TELEPHONE CHARGES</b> Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>7.93</td> </tr> </table>	7.93																			
7.93																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>VERIZON BUSINESS</b>	<b>Transaction ID:</b> 2009M04L21a00980 <b>Date of Disbursement</b>																				
Mailing Address <b>PO BOX 371873</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City <b>PITTSBURGH</b> State <b>PA</b> Zip Code <b>15250-7873</b> Purpose of Disbursement <b>TELEPHONE CHARGES</b> Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>8.39</td> </tr> </table>	8.39																			
8.39																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**24.07**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1835 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address PO BOX 371873	<b>Transaction ID:</b> 2009M04L21a00981 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>8.64</div>
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address PO BOX 371873 City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00982 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>8.92</div>
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address PO BOX 371873 City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a00983 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>10.18</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

27.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1836 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS	<b>Transaction ID:</b> 2009M04L21a00984 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 371873	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>10.64</td> </tr> </table>	10.64																			
10.64																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS	<b>Transaction ID:</b> 2009M04L21a00985 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 371873	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>11.04</td> </tr> </table>	11.04																			
11.04																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS	<b>Transaction ID:</b> 2009M04L21a00986 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 371873	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>12.51</td> </tr> </table>	12.51																			
12.51																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

34.19

**TOTAL** This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1838 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**VERIZON BUSINESS**

Mailing Address **PO BOX 371873**

City  
**PITTSBURGH**

State  
**PA**

Zip Code  
**15250-7873**

Purpose of Disbursement  
**TELEPHONE CHARGES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00990**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**21.85**

**B.**

Full Name (Last, First, Middle Initial)

**VERIZON BUSINESS**

Mailing Address **PO BOX 371873**

City  
**PITTSBURGH**

State  
**PA**

Zip Code  
**15250-7873**

Purpose of Disbursement  
**TELEPHONE CHARGES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00991**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**24.58**

**C.**

Full Name (Last, First, Middle Initial)

**VERIZON BUSINESS**

Mailing Address **PO BOX 371873**

City  
**PITTSBURGH**

State  
**PA**

Zip Code  
**15250-7873**

Purpose of Disbursement  
**TELEPHONE CHARGES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a00992**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**24.98**

**SUBTOTAL** of Disbursements This Page (optional) .....

**71.41**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1839 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>VERIZON BUSINESS</b>	<b>Transaction ID:</b> 2009M04L21a00993 <b>Date of Disbursement</b>																				
Mailing Address <b>PO BOX 371873</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City <b>PITTSBURGH</b> State <b>PA</b> Zip Code <b>15250-7873</b> Purpose of Disbursement <b>TELEPHONE CHARGES</b> Candidate Name _____	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">25.89</div>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>VERIZON BUSINESS</b>	<b>Transaction ID:</b> 2009M04L21a00994 <b>Date of Disbursement</b>																				
Mailing Address <b>PO BOX 371873</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City <b>PITTSBURGH</b> State <b>PA</b> Zip Code <b>15250-7873</b> Purpose of Disbursement <b>TELEPHONE CHARGES</b> Candidate Name _____	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">38.77</div>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>VERIZON BUSINESS</b>	<b>Transaction ID:</b> 2009M04L21a00995 <b>Date of Disbursement</b>																				
Mailing Address <b>PO BOX 371873</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City <b>PITTSBURGH</b> State <b>PA</b> Zip Code <b>15250-7873</b> Purpose of Disbursement <b>TELEPHONE CHARGES</b> Candidate Name _____	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">79.50</div>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**144.16**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1840 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS	<b>Transaction ID:</b> 2009M04L21a00996 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 371873	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City PITTSBURGH State PA Zip Code 15250-7873	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEPHONE CHARGES	<table border="1"> <tr> <td colspan="10">2812.95</td> </tr> </table>	2812.95																			
2812.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON	<b>Transaction ID:</b> 2009M04L21a00997 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 660720	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City DALLAS State TX Zip Code 75266-0720	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEPHONE CHARGES	<table border="1"> <tr> <td colspan="10">7.14</td> </tr> </table>	7.14																			
7.14																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON	<b>Transaction ID:</b> 2009M04L21a00998 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 660720	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City DALLAS State TX Zip Code 75266	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEPHONE CHARGES	<table border="1"> <tr> <td colspan="10">6336.98</td> </tr> </table>	6336.98																			
6336.98																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**9157.07**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1841 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address P O BOX 660720

City  
DALLASState  
TXZip Code  
75266-0720Purpose of Disbursement  
TELEPHONE CHARGES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00999

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	0	9

Amount of Each Disbursement this Period

4090.48

**B.**

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address P O BOX 660720

City  
DALLASState  
TXZip Code  
75266Purpose of Disbursement  
TELEPHONE CHARGES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a01000

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	0	9

Amount of Each Disbursement this Period

133.15

**C.**

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address P O BOX 660720

City  
DALLASState  
TXZip Code  
75266Purpose of Disbursement  
TELEPHONE CHARGES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a01001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	0	9

Amount of Each Disbursement this Period

125.86

SUBTOTAL of Disbursements This Page (optional) .....

4349.49

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1842 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 GEOFF VERHOFF

Mailing Address 4189 S. FOUR MILE RUN DR  
 #404

City ARLINGTON State VA Zip Code 22204

Purpose of Disbursement  
 AIR FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a01002  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

424.20

**B.**

Full Name (Last, First, Middle Initial)  
 US AIRWAYS

Mailing Address 5620 UNIVERSITY PKWY

City WINSTON SALEM State NC Zip Code 27105

Purpose of Disbursement  
 AIR FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a01002m  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

424.20

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
 GEOFF VERHOFF

Mailing Address 4189 S. FOUR MILE RUN DR  
 #404

City ARLINGTON State VA Zip Code 22204

Purpose of Disbursement  
 TAXI'S

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a01003  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

84.55

**SUBTOTAL** of Disbursements This Page (optional) .....

508.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1843 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**GEOFF VERHOFF**

Mailing Address **4189 S. FOUR MILE RUN DR  
 #404**

City **ARLINGTON** State **VA** Zip Code **22204**

Purpose of Disbursement  
**TIPS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a01004**  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

**40.00**

**B.**

Full Name (Last, First, Middle Initial)  
**VERTIS COMMUNICATION**

Mailing Address **ATTN: POSTAGE/ACCOUNTING DEPT  
 2901 BLACKBRIDGE ROAD**

City **YORK** State **PA** Zip Code **17402**

Purpose of Disbursement  
**POSTAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a01005**  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

**73000.00**

**C.**

Full Name (Last, First, Middle Initial)  
**VIDEOFILES, INC**

Mailing Address **1011 ARLINGTON BLVD  
 SUITE T-4**

City **ARLINGTON** State **VA** Zip Code **22209**

Purpose of Disbursement  
**VIDEO PRODUCTIONS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a01006**  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

**997.50**

**SUBTOTAL** of Disbursements This Page (optional) .....

**74037.50**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1844 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) WACHOVIA BANK	<b>Transaction ID:</b> 2009M04L21a01007 <b>Date of Disbursement</b>																				
Mailing Address COMMERCIAL BILLING DEPT. PO BOX 60403	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City CHARLOTTE State NC Zip Code 28260-0403	Amount of Each Disbursement this Period																				
Purpose of Disbursement VOID ISSUED IN ERROR-12/18/08	<table border="1"> <tr> <td>-97500.00</td> </tr> </table>	-97500.00																			
-97500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) WACHOVIA BANK	<b>Transaction ID:</b> 2009M04L21a01008 <b>Date of Disbursement</b>																				
Mailing Address COMMERCIAL BILLING DEPT. PO BOX 60403	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City CHARLOTTE State NC Zip Code 28260-0403	Amount of Each Disbursement this Period																				
Purpose of Disbursement VOID ISSUED IN ERROR-12/18/08	<table border="1"> <tr> <td>-52500.00</td> </tr> </table>	-52500.00																			
-52500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) BRAD WALP	<b>Transaction ID:</b> 2009M04L21a01009 <b>Date of Disbursement</b>																				
Mailing Address 6940 FAIRFAX DRIVE STE 404	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City ARLINGTON State VA Zip Code 22213-1035	Amount of Each Disbursement this Period																				
Purpose of Disbursement INTERNET SERVICES	<table border="1"> <tr> <td>45.95</td> </tr> </table>	45.95																			
45.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

-149954.05

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) COMCAST Mailing Address P O BOX 3005	<b>Transaction ID:</b> 2009M04L21a01009m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City STATE PA Zip Code 19398 Purpose of Disbursement INTERNET SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>45.95</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) WASHINGTON COURIER Mailing Address 5520 CHEROKEE AVE SUITE 120 City ALEXANDRIA State VA Zip Code 22312 Purpose of Disbursement DELIVERY COST Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a01010 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>23.63</div>
<b>C.</b> Full Name (Last, First, Middle Initial) WASHINGTON GAS Mailing Address PO BOX 9001036 City LOUISVILLE State KY Zip Code 40290 Purpose of Disbursement UTILITIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a01011 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>811.74</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**835.37**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1846 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) WASHINGTON GAS Mailing Address P O BOX 830036	<b>Transaction ID:</b> 2009M04L21a01012 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City State Zip Code LOUISVILLE KY 40290-1036 Purpose of Disbursement UTILITIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>698.11</div>
<b>B.</b> Full Name (Last, First, Middle Initial) WELBOURNE Mailing Address 5951 ARBOR ST City State Zip Code HYATTSVILLE MD 20781 Purpose of Disbursement ELECTRICAL MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a01013 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2202.98</div>
<b>C.</b> Full Name (Last, First, Middle Initial) WELBOURNE Mailing Address 5951 ARBOR ST City State Zip Code HYATTSVILLE MD 20781 Purpose of Disbursement ELECTRICAL SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a01014 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1330.35</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**4231.44**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

1882.18

1927.37

121.50

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1848 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) WILKINS ENTERPRISE LLC	<b>Transaction ID:</b> 2009M04L21a01018 <b>Date of Disbursement</b>																				
Mailing Address 11201 GLISSADE DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City CLINTON State MD Zip Code 20735	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BUILDING MAINTENANCE Candidate Name	<table border="1"> <tr> <td colspan="10">2268.00</td> </tr> </table>	2268.00																			
2268.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) WILKINS ENTERPRISE LLC	<b>Transaction ID:</b> 2009M04L21a01019 <b>Date of Disbursement</b>																				
Mailing Address 11201 GLISSADE DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City CLINTON State MD Zip Code 20735	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BUILDING MAINTENANCE Candidate Name	<table border="1"> <tr> <td colspan="10">4447.00</td> </tr> </table>	4447.00																			
4447.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) WINDOWS CATERING	<b>Transaction ID:</b> 2009M04L21a01020 <b>Date of Disbursement</b>																				
Mailing Address 5724 GENERAL WASHINGTON DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22312	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CATERING COST Candidate Name	<table border="1"> <tr> <td colspan="10">399.94</td> </tr> </table>	399.94																			
399.94																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**7114.94**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1850 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**CAITLIN WOHLFARTH**

Mailing Address **2208 40TH PL NW APT 2**

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20007**

Purpose of Disbursement  
**BAGGAGE COST**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a01024**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**10.00**

**B.**

Full Name (Last, First, Middle Initial)

**US AIRWAYS**

Mailing Address **5620 UNIVERSITY PKWY**

City  
**WINSTON SALEM**

State  
**NC**

Zip Code  
**27105**

Purpose of Disbursement  
**BAGGAGE COST**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a01024m**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**10.00**

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

**CAITLIN WOHLFARTH**

Mailing Address **2208 40TH PL NW APT 2**

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20007**

Purpose of Disbursement  
**BAGGAGE COST**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2009M04L21a01025**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**10.00**

**SUBTOTAL** of Disbursements This Page (optional) .....

**20.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) US AIRWAYS	<b>Transaction ID:</b> 2009M04L21a01025m <b>Date of Disbursement</b>
Mailing Address 5620 UNIVERSITY PKWY	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City WINSTON SALEM State NC Zip Code 27105	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement BAGGAGE COST	<div>10.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) CAITLIN WOHLFARTH	<b>Transaction ID:</b> 2009M04L21a01026 <b>Date of Disbursement</b>
Mailing Address 2208 40TH PL NW APT 2	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20007	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement BAGGAGE COST	<div>10.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) US AIRWAYS	<b>Transaction ID:</b> 2009M04L21a01026m <b>Date of Disbursement</b>
Mailing Address 5620 UNIVERSITY PKWY	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City WINSTON SALEM State NC Zip Code 27105	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement BAGGAGE COST	<div>10.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

10.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CAITLIN WOHLFARTH	<b>Transaction ID:</b> 2009M04L21a01027 <b>Date of Disbursement</b>																				
Mailing Address 2208 40TH PL NW APT 2	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20007	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>353.08</td> </tr> </table>	353.08																			
353.08																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) THE BREAKERS PALM BEACH	<b>Transaction ID:</b> 2009M04L21a01027m <b>Date of Disbursement</b>																				
Mailing Address ONE SOUTH COUNTY ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City PALM BEACH State FL Zip Code 33480	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>353.08</td> </tr> </table>	353.08																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CAITLIN WOHLFARTH	<b>Transaction ID:</b> 2009M04L21a01028 <b>Date of Disbursement</b>																				
Mailing Address 2208 40TH PL NW APT 2	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20007	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>353.09</td> </tr> </table>	353.09																			
353.09																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

706.17

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1853 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>THE BREAKERS PALM BEACH</b>	<b>Transaction ID:</b> 2009M04L21a01028m <b>Date of Disbursement</b>																				
<b>Mailing Address</b> ONE SOUTH COUNTY ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
<b>City</b> PALM BEACH <b>State</b> FL <b>Zip Code</b> 33480	<b>Amount of Each Disbursement this Period</b>																				
<b>Purpose of Disbursement</b> LODGING	<table border="1"> <tr> <td>3</td><td>5</td><td>3</td><td>0</td><td>9</td> </tr> </table>	3	5	3	0	9															
3	5	3	0	9																	
<b>Candidate Name</b>	<div>Category/Type</div>																				
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <b>District:</b>	<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<div>[MEMO ITEM]</div>																					
<b>B.</b> Full Name (Last, First, Middle Initial) <b>CAITLIN WOHLFARTH</b>	<b>Transaction ID:</b> 2009M04L21a01029 <b>Date of Disbursement</b>																				
<b>Mailing Address</b> 2208 40TH PL NW APT 2	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
<b>City</b> WASHINGTON <b>State</b> DC <b>Zip Code</b> 20007	<b>Amount of Each Disbursement this Period</b>																				
<b>Purpose of Disbursement</b> LODGING	<table border="1"> <tr> <td>3</td><td>5</td><td>3</td><td>0</td><td>9</td> </tr> </table>	3	5	3	0	9															
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<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <b>District:</b>	<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<div>[MEMO ITEM]</div>																					
<b>C.</b> Full Name (Last, First, Middle Initial) <b>THE BREAKERS PALM BEACH</b>	<b>Transaction ID:</b> 2009M04L21a01029m <b>Date of Disbursement</b>																				
<b>Mailing Address</b> ONE SOUTH COUNTY ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
<b>City</b> PALM BEACH <b>State</b> FL <b>Zip Code</b> 33480	<b>Amount of Each Disbursement this Period</b>																				
<b>Purpose of Disbursement</b> LODGING	<table border="1"> <tr> <td>3</td><td>5</td><td>3</td><td>0</td><td>9</td> </tr> </table>	3	5	3	0	9															
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<b>Candidate Name</b>	<div>Category/Type</div>																				
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <b>District:</b>	<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<div>[MEMO ITEM]</div>																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**353.09**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1854 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CAITLIN WOHLFARTH Mailing Address 2208 40TH PL NW APT 2	<b>Transaction ID:</b> 2009M04L21a01030 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20007 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>2.55</div>
<b>B.</b> Full Name (Last, First, Middle Initial) CALIFORNIA TORTILLA, WDC Mailing Address 1 AVIATION CIRCLE City WASHINGTON State DC Zip Code 20001 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a01030m <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2.55</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) CAITLIN WOHLFARTH Mailing Address 2208 40TH PL NW APT 2 City WASHINGTON State DC Zip Code 20007 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21a01031 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2.55</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

5.10

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1855 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) CALIFORNIA TORTILLA, WDC	Transaction ID: 2009M04L21a01031m Date of Disbursement MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 1 AVIATION CIRCLE	
	City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period 2.55
	Purpose of Disbursement MEALS	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) CAITLIN WOHLFARTH	Transaction ID: 2009M04L21a01032 Date of Disbursement MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 2208 40TH PL NW APT 2	
	City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period 2.55
	Purpose of Disbursement MEALS	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b>	Full Name (Last, First, Middle Initial) CALIFORNIA TORTILLA, WDC	Transaction ID: 2009M04L21a01032m Date of Disbursement MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 1 AVIATION CIRCLE	
	City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period 2.55
	Purpose of Disbursement MEALS	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]
	<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2.55
	<b>TOTAL</b> This Period (last page this line number only) .....	

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1857 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) THE BREAKERS PALM BEACH	<b>Transaction ID:</b> 2009M04L21a01034m <b>Date of Disbursement</b>																				
Mailing Address ONE SOUTH COUNTY ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City PALM BEACH State FL Zip Code 33480	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">9.91</td> </tr> </table>	9.91																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>B.</b> Full Name (Last, First, Middle Initial) CAITLIN WOHLFARTH	<b>Transaction ID:</b> 2009M04L21a01035 <b>Date of Disbursement</b>																				
Mailing Address 2208 40TH PL NW APT 2	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">9.91</td> </tr> </table>	9.91																			
9.91																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>C.</b> Full Name (Last, First, Middle Initial) THE BREAKERS PALM BEACH	<b>Transaction ID:</b> 2009M04L21a01035m <b>Date of Disbursement</b>																				
Mailing Address ONE SOUTH COUNTY ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City PALM BEACH State FL Zip Code 33480	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">9.91</td> </tr> </table>	9.91																			
9.91																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					

**SUBTOTAL** of Disbursements This Page (optional) .....

9.91

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1858 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) XEROX CORPORATION	<b>Transaction ID:</b> 2009M04L21a01036 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 827598	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City PHILADELPHIA State PA Zip Code 19182	<b>Amount of Each Disbursement this Period</b> 10424.26																				
Purpose of Disbursement PHOTOCOPIER Candidate Name Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS-BANK CHARGES	<b>Transaction ID:</b> 2009M04L21bcc00001 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 114	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City NEWARK State NJ Zip Code 07101-0114	<b>Amount of Each Disbursement this Period</b> 5658.10																				
Purpose of Disbursement CREDIT CARD FEES Candidate Name Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) HOCKADAY DONATELLI CAMP.	<b>Transaction ID:</b> 2009M04L21bcc00002 <b>Date of Disbursement</b>																				
Mailing Address 228 S WASHINGTON ST SUITE 240	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b> 19681.55																				
Purpose of Disbursement CREDIT CARD FEES Candidate Name Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

35763.91

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1859 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NOVA INFORMATION SYSTEMS INC

Mailing Address 7300 CHAPMAN HIGHWAY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21bcc00003

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	0	9

Amount of Each Disbursement this Period

975.19

**B.**

Full Name (Last, First, Middle Initial)

NOVA INFORMATION SYSTEMS INC

Mailing Address 7300 CHAPMAN HIGHWAY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21bcc00004

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	0	9

Amount of Each Disbursement this Period

14.95

**C.**

Full Name (Last, First, Middle Initial)

NOVA INFORMATION SYSTEMS INC

Mailing Address 7300 CHAPMAN HIGHWAY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21bcc00005

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	0	9

Amount of Each Disbursement this Period

6970.88

SUBTOTAL of Disbursements This Page (optional) .....

7961.02

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1860 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NOVA INFORMATION SYSTEMS INC	<b>Transaction ID:</b> 2009M04L21bcc00006 <b>Date of Disbursement</b>																				
Mailing Address 7300 CHAPMAN HIGHWAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	0	9												
City KNOXVILLE State TN Zip Code 37920	Amount of Each Disbursement this Period <table border="1"> <tr> <td>7</td><td>2</td><td>5</td><td>7</td><td>.</td><td>3</td><td>7</td> </tr> </table>	7	2	5	7	.	3	7													
7	2	5	7	.	3	7															
Purpose of Disbursement CREDIT CARD FEES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) GEORGE A ALAFEGUIUS	<b>Transaction ID:</b> 2009M04L21bpa00001 <b>Date of Disbursement</b>																				
Mailing Address 9445 TOBIN CIRCLE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City POTOMAC State MD Zip Code 20854	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>5</td><td>8</td><td>0</td><td>.</td><td>6</td><td>0</td> </tr> </table>	1	5	8	0	.	6	0													
1	5	8	0	.	6	0															
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) GEORGE A ALAFOGINIS	<b>Transaction ID:</b> 2009M04L21bpa00002 <b>Date of Disbursement</b>																				
Mailing Address 9445 TOBIN CIRCLE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City POTOMAC State MD Zip Code 20854	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>5</td><td>8</td><td>0</td><td>.</td><td>6</td><td>1</td> </tr> </table>	1	5	8	0	.	6	1													
1	5	8	0	.	6	1															
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**10418.58**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1861 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DELITA ALEXANDER	<b>Transaction ID:</b> 2009M04L21bpa00003 <b>Date of Disbursement</b>																				
Mailing Address 7554 ABBINGTON DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City OXON HILL State MD Zip Code 20745	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">937.60</td> </tr> </table>	937.60																			
937.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DELITA ALEXANDER	<b>Transaction ID:</b> 2009M04L21bpa00004 <b>Date of Disbursement</b>																				
Mailing Address 7554 ABBINGTON DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City OXON HILL State MD Zip Code 20745	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1176.86</td> </tr> </table>	1176.86																			
1176.86																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ERIC R ANDERSON	<b>Transaction ID:</b> 2009M04L21bpa00005 <b>Date of Disbursement</b>																				
Mailing Address 6547 GRANGE LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22315	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2632.41</td> </tr> </table>	2632.41																			
2632.41																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

4746.87

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1863 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MELISSA A BARND Mailing Address 328 D STREET SE	<b>Transaction ID:</b> 2009M04L21bpa00009 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1236.47</div>
<b>B.</b> Full Name (Last, First, Middle Initial) MELISSA A BARND Mailing Address 328 D STREET SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21bpa00010 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>3234.11</div>
<b>C.</b> Full Name (Last, First, Middle Initial) IAN S BARTELS Mailing Address 1200 N WEITCH ST City ARLINGTON State VA Zip Code 22201 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21bpa00011 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1116.66</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

5587.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1864 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) IAN S BARTELS	<b>Transaction ID:</b> 2009M04L21bpa00012 <b>Date of Disbursement</b>																				
Mailing Address 1200 N WEITCH ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City ARLINGTON State VA Zip Code 22201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1116.65</td> </tr> </table>	1116.65																			
1116.65																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CHAD M BARTH	<b>Transaction ID:</b> 2009M04L21bpa00013 <b>Date of Disbursement</b>																				
Mailing Address 1943 COLUMBIA PIKE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City ARLINGTON State VA Zip Code 22204	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2506.06</td> </tr> </table>	2506.06																			
2506.06																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CHAD M BARTH	<b>Transaction ID:</b> 2009M04L21bpa00014 <b>Date of Disbursement</b>																				
Mailing Address 1943 COLUMBIA PIKE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City ARLINGTON State VA Zip Code 22204	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2506.05</td> </tr> </table>	2506.05																			
2506.05																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6128.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1865 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) LAUREN BATTEY	<b>Transaction ID:</b> 2009M04L21bpa00015 <b>Date of Disbursement</b>																				
Mailing Address 642 EAST CAPITOL ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1082.99</td> </tr> </table>	1082.99																			
1082.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) LAUREN BATTEY	<b>Transaction ID:</b> 2009M04L21bpa00016 <b>Date of Disbursement</b>																				
Mailing Address 165 FORD ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City CARMEL VALLEY State CA Zip Code 93924	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2401.26</td> </tr> </table>	2401.26																			
2401.26																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PARISH M BRADEN	<b>Transaction ID:</b> 2009M04L21bpa00017 <b>Date of Disbursement</b>																				
Mailing Address 700 7TH STREET SW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City WASHINGTON State DC Zip Code 20024	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1644.67</td> </tr> </table>	1644.67																			
1644.67																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5128.92

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1866 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) PARISH M BRADEN Mailing Address 700 7TH STREET SW	<b>Transaction ID:</b> 2009M04L21bpa00018 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9	
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0	3		3	1		2	0	0	9													
City WASHINGTON State DC Zip Code 20024 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1644.69</td> </tr> </table>	1644.69																				
1644.69																						
<b>B.</b> Full Name (Last, First, Middle Initial) JOHN G BROWN JR Mailing Address 8655 BENT ARROW CT City SPRINGFIELD State VA Zip Code 22153 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21bpa00019 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1273.13</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9	1273.13
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	3		2	0	0	9													
1273.13																						
<b>C.</b> Full Name (Last, First, Middle Initial) JOHN G BROWN JR Mailing Address 8655 BENT ARROW CT City SPRINGFIELD State VA Zip Code 22153 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21bpa00020 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1273.15</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9	1273.15
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	1		2	0	0	9													
1273.15																						

SUBTOTAL of Disbursements This Page (optional) .....

4190.97

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1867 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CHRISTOPHER BURCHFIELD	<b>Transaction ID:</b> 2009M04L21bpa00021 <b>Date of Disbursement</b>																				
Mailing Address 816 18TH STREET SO	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1413.13</td> </tr> </table>	1413.13																			
1413.13																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CHRISTOPHER BURCHFIELD	<b>Transaction ID:</b> 2009M04L21bpa00022 <b>Date of Disbursement</b>																				
Mailing Address 816 18TH STREET SO	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1413.12</td> </tr> </table>	1413.12																			
1413.12																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) GENTRY T COLLINS	<b>Transaction ID:</b> 2009M04L21bpa00023 <b>Date of Disbursement</b>																				
Mailing Address 728 NE 41ST COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City ANKENY State IA Zip Code 50021	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">3705.01</td> </tr> </table>	3705.01																			
3705.01																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6531.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1868 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ROGER ALEXANDER CONANT	<b>Transaction ID:</b> 2009M04L21bpa00024 <b>Date of Disbursement</b>																				
Mailing Address 1813 BILTMORE ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City WASHINGTON State DC Zip Code 20009	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2644.11</td> </tr> </table>	2644.11																			
2644.11																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ROGER ALEXANDER CONANT	<b>Transaction ID:</b> 2009M04L21bpa00025 <b>Date of Disbursement</b>																				
Mailing Address 1813 BILTMORE ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20009	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">3532.48</td> </tr> </table>	3532.48																			
3532.48																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) BELINDA COOK	<b>Transaction ID:</b> 2009M04L21bpa00026 <b>Date of Disbursement</b>																				
Mailing Address 113 REMINGTON CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City CENTERVILLE State MD Zip Code 21617	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">3567.34</td> </tr> </table>	3567.34																			
3567.34																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**9743.93**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1869 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) LEE A COOK	<b>Transaction ID:</b> 2009M04L21bpa00027 <b>Date of Disbursement</b>																				
Mailing Address 113 REMINGTON COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City CENTREVILLE State MD Zip Code 21617 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>6</td><td>2</td><td>5</td><td>.</td><td>8</td><td>8</td> </tr> </table>	1	6	2	5	.	8	8													
1	6	2	5	.	8	8															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) BELINDA COOK	<b>Transaction ID:</b> 2009M04L21bpa00028 <b>Date of Disbursement</b>																				
Mailing Address 113 REMINGTON CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City CENTERVILLE State MD Zip Code 21617 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>3</td><td>5</td><td>6</td><td>7</td><td>.</td><td>3</td><td>2</td> </tr> </table>	3	5	6	7	.	3	2													
3	5	6	7	.	3	2															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) LEE A COOK	<b>Transaction ID:</b> 2009M04L21bpa00029 <b>Date of Disbursement</b>																				
Mailing Address 113 REMINGTON COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City CENTREVILLE State MD Zip Code 21617 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>6</td><td>2</td><td>5</td><td>.</td><td>8</td><td>9</td> </tr> </table>	1	6	2	5	.	8	9													
1	6	2	5	.	8	9															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**6819.09**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1872 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) WILLIAM F CROZER	<b>Transaction ID:</b> 2009M04L21bpa00036 <b>Date of Disbursement</b>																				
Mailing Address 1301 M STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City WASHINGTON State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1157.31</td> </tr> </table>	1157.31																			
1157.31																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) WILLIAM F CROZER	<b>Transaction ID:</b> 2009M04L21bpa00037 <b>Date of Disbursement</b>																				
Mailing Address 1301 M STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2129.38</td> </tr> </table>	2129.38																			
2129.38																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JOHN T CUMMINS	<b>Transaction ID:</b> 2009M04L21bpa00038 <b>Date of Disbursement</b>																				
Mailing Address 105 QUAY STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1134.38</td> </tr> </table>	1134.38																			
1134.38																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4421.07

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1873 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JOHN T CUMMINS	<b>Transaction ID:</b> 2009M04L21bpa00039 <b>Date of Disbursement</b>																				
Mailing Address 105 QUAY STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1223.96</td> </tr> </table>	1223.96																			
1223.96																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) NANCY HOPE DEHLINGER	<b>Transaction ID:</b> 2009M04L21bpa00040 <b>Date of Disbursement</b>																				
Mailing Address 9004 GOLDEN PASS	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City LAUREL State MD Zip Code 20708	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1563.05</td> </tr> </table>	1563.05																			
1563.05																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) NANCY HOPE DEHLINGER	<b>Transaction ID:</b> 2009M04L21bpa00041 <b>Date of Disbursement</b>																				
Mailing Address 9004 GOLDEN PASS	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City LAUREL State MD Zip Code 20708	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1555.30</td> </tr> </table>	1555.30																			
1555.30																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4342.31**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1874 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) TONY C DENNIS	<b>Transaction ID:</b> 2009M04L21bpa00042 <b>Date of Disbursement</b>																				
Mailing Address 8107 PICARD LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City UPPER MARLBORO State MD Zip Code 20774	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">931.24</td> </tr> </table>	931.24																			
931.24																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) TONY C DENNIS	<b>Transaction ID:</b> 2009M04L21bpa00043 <b>Date of Disbursement</b>																				
Mailing Address 8107 PICARD LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City UPPER MARLBORO State MD Zip Code 20774	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">931.24</td> </tr> </table>	931.24																			
931.24																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JESSICA D. ENNIS	<b>Transaction ID:</b> 2009M04L21bpa00044 <b>Date of Disbursement</b>																				
Mailing Address 116 N CAROLINA AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2803.91</td> </tr> </table>	2803.91																			
2803.91																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4666.39**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1875 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JESSICA D. ENNIS	<b>Transaction ID:</b> 2009M04L21bpa00045 <b>Date of Disbursement</b>																				
Mailing Address 116 N CAROLINA AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2803.91</td> </tr> </table>	2803.91																			
2803.91																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DIRK E EYMAN	<b>Transaction ID:</b> 2009M04L21bpa00046 <b>Date of Disbursement</b>																				
Mailing Address 20301 THUNDERHEAD WY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City GERMANTOWN State MD Zip Code 20874	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3148.20</td> </tr> </table>	3148.20																			
3148.20																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DIRK E EYMAN	<b>Transaction ID:</b> 2009M04L21bpa00047 <b>Date of Disbursement</b>																				
Mailing Address 20301 THUNDERHEAD WY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City GERMANTOWN State MD Zip Code 20874	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3148.19</td> </tr> </table>	3148.19																			
3148.19																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**9100.30**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1876 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JULIE M FLEMING	<b>Transaction ID:</b> 2009M04L21bpa00048 <b>Date of Disbursement</b>																				
Mailing Address 6719 BOSTWICK DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City SPRINGFIELD State VA Zip Code 22151	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1198.41</td> </tr> </table>	1198.41																			
1198.41																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JULIE M FLEMING	<b>Transaction ID:</b> 2009M04L21bpa00049 <b>Date of Disbursement</b>																				
Mailing Address 6719 BOSTWICK DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City SPRINGFIELD State VA Zip Code 22151	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1965.55</td> </tr> </table>	1965.55																			
1965.55																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ERICA A FLINT	<b>Transaction ID:</b> 2009M04L21bpa00050 <b>Date of Disbursement</b>																				
Mailing Address 607 MASS AVE NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">478.78</td> </tr> </table>	478.78																			
478.78																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

3642.74

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1877 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MICHAEL T GILDING Mailing Address 1723 GOSNELL ROAD	<b>Transaction ID:</b> 2009M04L21bpa00051 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div>
City VIENNA State VA Zip Code 22182 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1587.05</div>
<b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL T GILDING Mailing Address 1723 GOSNELL ROAD City VIENNA State VA Zip Code 22182 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21bpa00052 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1587.06</div>
<b>C.</b> Full Name (Last, First, Middle Initial) AMY M GRANGEIA Mailing Address 1425 P STREET NW City WASHINGTON State DC Zip Code 20005 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21bpa00053 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1699.71</div>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>4873.82</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1878 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMY M GRANGEIA	<b>Transaction ID:</b> 2009M04L21bpa00054 <b>Date of Disbursement</b>																				
Mailing Address 1425 P STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1699.71</td> </tr> </table>	1699.71																			
1699.71																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) PHYLLIS M GREENE	<b>Transaction ID:</b> 2009M04L21bpa00055 <b>Date of Disbursement</b>																				
Mailing Address 1728 ALBERT DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City MITCHELLVILLE State MD Zip Code 20721	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1018.80</td> </tr> </table>	1018.80																			
1018.80																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PHYLLIS M GREENE	<b>Transaction ID:</b> 2009M04L21bpa00056 <b>Date of Disbursement</b>																				
Mailing Address 1728 ALBERT DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City MITCHELLVILLE State MD Zip Code 20721	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1018.80</td> </tr> </table>	1018.80																			
1018.80																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3737.31**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SUZANNA M HEALY Mailing Address 1801 CRYSTAL DRIVE	<b>Transaction ID:</b> 2009M04L21bpa00057 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22202 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>711.13</div>
<b>B.</b> Full Name (Last, First, Middle Initial) ANNETTE R HENRY Mailing Address 3928 AMES ST NE City WASHINGTON State DC Zip Code 20019 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21bpa00058 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2483.36</div>
<b>C.</b> Full Name (Last, First, Middle Initial) ANNETTE R HENRY Mailing Address 3928 AMES ST NE City WASHINGTON State DC Zip Code 20019 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21bpa00059 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2481.84</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**5676.33**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NANCY DUDIAK HIBBS	<b>Transaction ID:</b> 2009M04L21bpa00060 <b>Date of Disbursement</b>																				
Mailing Address 1005 NEW DAWN LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City ODETON State MD Zip Code 21113	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2</td><td>7</td><td>2</td><td>1</td><td>.</td><td>8</td><td>5</td> </tr> </table>	2	7	2	1	.	8	5													
2	7	2	1	.	8	5															
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) NANCY DUDIAK HIBBS	<b>Transaction ID:</b> 2009M04L21bpa00061 <b>Date of Disbursement</b>																				
Mailing Address 1005 NEW DAWN LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City ODETON State MD Zip Code 21113	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2</td><td>7</td><td>0</td><td>8</td><td>.</td><td>3</td><td>1</td> </tr> </table>	2	7	0	8	.	3	1													
2	7	0	8	.	3	1															
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) KELLY ELIZABETH HOLDWAY	<b>Transaction ID:</b> 2009M04L21bpa00062 <b>Date of Disbursement</b>																				
Mailing Address 13003 EAST ABINGDON	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1</td><td>9</td><td>7</td><td>0</td><td>.</td><td>0</td><td>9</td> </tr> </table>	1	9	7	0	.	0	9													
1	9	7	0	.	0	9															
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>7</td><td>4</td><td>0</td><td>0</td><td>.</td><td>2</td><td>5</td> </tr> </table>	7	4	0	0	.	2	5													
7	4	0	0	.	2	5															
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 1881 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) KELLY ELIZABETH HOLDWAY	<b>Transaction ID:</b> 2009M04L21bpa00063 <b>Date of Disbursement</b>																				
Mailing Address 1303 E. ABINGDON DR.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2134.34</td> </tr> </table>	2134.34																			
2134.34																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) PATRICIA E HUYCK	<b>Transaction ID:</b> 2009M04L21bpa00064 <b>Date of Disbursement</b>																				
Mailing Address 2108 GRAYSTONE COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City FREDERICK State MD Zip Code 21702	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2850.64</td> </tr> </table>	2850.64																			
2850.64																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PATRICIA E HUYCK	<b>Transaction ID:</b> 2009M04L21bpa00065 <b>Date of Disbursement</b>																				
Mailing Address 2108 GRAYSTONE COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City FREDERICK State MD Zip Code 21702	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2831.14</td> </tr> </table>	2831.14																			
2831.14																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">7816.12</td> </tr> </table>	7816.12																			
7816.12																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1882 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) TERESSA JACKSON Mailing Address 3907 SOUTHERN AVE	<b>Transaction ID:</b> 2009M04L21bpa00066 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div>
City SUTLAND State MD Zip Code 20746 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1733.14</div>
<b>B.</b> Full Name (Last, First, Middle Initial) TERESSA JACKSON Mailing Address 3907 SOUTHERN AVE City SUTLAND State MD Zip Code 20746 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21bpa00067 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2269.83</div>
<b>C.</b> Full Name (Last, First, Middle Initial) HEATHER O JEFFREYS Mailing Address 2721 SO ADAMS STREET City ARLINGTON State VA Zip Code 22206 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21bpa00068 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1080.80</div>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>5083.77</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) HEATHER O JEFFREYS	<b>Transaction ID:</b> 2009M04L21bpa00069 <b>Date of Disbursement</b>
Mailing Address 2721 SO ADAMS STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22206	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL	<div>1077.74</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) MONICA LOUISE JOHNSON	<b>Transaction ID:</b> 2009M04L21bpa00070 <b>Date of Disbursement</b>
Mailing Address 129 R ST., NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL	<div>629.30</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) CRYSTAL RENEE JOHNSON	<b>Transaction ID:</b> 2009M04L21bpa00071 <b>Date of Disbursement</b>
Mailing Address P.O. BOX 471747	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div>
City FORESTVILLE State MD Zip Code 20753	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL	<div>1446.36</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**3153.40**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1885 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JEFFREY GORDON JOHNSON	<b>Transaction ID:</b> 2009M04L21bpa00075 <b>Date of Disbursement</b>																				
Mailing Address 1409 HAMLIN ST NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20017	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1656.84</td> </tr> </table>	1656.84																			
1656.84																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ROBERT EUGENE JONES III	<b>Transaction ID:</b> 2009M04L21bpa00076 <b>Date of Disbursement</b>																				
Mailing Address 509 E STREET NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City WASHINGTON State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1147.31</td> </tr> </table>	1147.31																			
1147.31																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ROBERT EUGENE JONES III	<b>Transaction ID:</b> 2009M04L21bpa00077 <b>Date of Disbursement</b>																				
Mailing Address 509 E STREET NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1147.31</td> </tr> </table>	1147.31																			
1147.31																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">3951.46</td> </tr> </table>	3951.46																			
3951.46																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1886 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JEREMY L KENNEY Mailing Address 15 3RD ST., NE	<b>Transaction ID:</b> 2009M04L21bpa00078 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>2640.88</div>
<b>B.</b> Full Name (Last, First, Middle Initial) JEREMY L KENNEY Mailing Address 15 3RD ST., NE City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21bpa00079 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2627.42</div>
<b>C.</b> Full Name (Last, First, Middle Initial) TIMOTHY E KILLEEN Mailing Address 1600 S EADS City ARLINGTON State VA Zip Code 22202 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21bpa00080 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1370.18</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

6638.48

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1888 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JANET M LARIMER	<b>Transaction ID:</b> 2009M04L21bpa00084 <b>Date of Disbursement</b>																				
Mailing Address 3630 CURTIS DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City TETON VILLAGE State WY Zip Code 83025	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4292.94</td> </tr> </table>	4292.94																			
4292.94																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MARTINE LAVEIST	<b>Transaction ID:</b> 2009M04L21bpa00085 <b>Date of Disbursement</b>																				
Mailing Address 9002 MANCHESTER RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City SILVER SPRING State MD Zip Code 20901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1131.27</td> </tr> </table>	1131.27																			
1131.27																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MARTINE LAVEIST	<b>Transaction ID:</b> 2009M04L21bpa00086 <b>Date of Disbursement</b>																				
Mailing Address 9002 MANCHESTER RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City SILVER SPRING State MD Zip Code 20901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1126.01</td> </tr> </table>	1126.01																			
1126.01																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**6550.22**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1889 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
DEBORAH P SMITH LE HARDY

Mailing Address 2440 N EDGEWOOD ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21bpa00087  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	3	/	2	0	0	9

Amount of Each Disbursement this Period

3670.96

**B.**Full Name (Last, First, Middle Initial)  
DEBORAH P SMITH LE HARDY

Mailing Address 2440 N EDGEWOOD ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21bpa00088  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	9

Amount of Each Disbursement this Period

3651.73

**C.**Full Name (Last, First, Middle Initial)  
DIANA KAY LEO

Mailing Address 1146 EAST 1900 NORTH

City NORTH LOGAN State UT Zip Code 87341

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M04L21bpa00089  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	3	/	2	0	0	9

Amount of Each Disbursement this Period

1437.76

SUBTOTAL of Disbursements This Page (optional) .....

8760.45

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1890 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DIANA KAY LEO	<b>Transaction ID:</b> 2009M04L21bpa00090 <b>Date of Disbursement</b>																				
Mailing Address 1146 EAST 1900 NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City NORTH LOGAN State UT Zip Code 87341	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1437.76</td> </tr> </table>	1437.76																			
1437.76																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) TERRELL JAMES LEWIS	<b>Transaction ID:</b> 2009M04L21bpa00091 <b>Date of Disbursement</b>																				
Mailing Address 18419 BARNEY DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City ACCOKEEK State MD Zip Code 20607	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">766.67</td> </tr> </table>	766.67																			
766.67																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) TERRELL JAMES LEWIS	<b>Transaction ID:</b> 2009M04L21bpa00092 <b>Date of Disbursement</b>																				
Mailing Address 18419 BARNEY DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City ACCOKEEK State MD Zip Code 20607	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">766.66</td> </tr> </table>	766.66																			
766.66																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2971.09

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1891 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) EDWARD K LIPPMAN	<b>Transaction ID:</b> 2009M04L21bpa00093 <b>Date of Disbursement</b>																				
Mailing Address 9802 THUNDERHILL CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City GREAT FALLS State VA Zip Code 22066	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>776.13</td> </tr> </table>	776.13																			
776.13																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) EDWARD K LIPPMAN	<b>Transaction ID:</b> 2009M04L21bpa00094 <b>Date of Disbursement</b>																				
Mailing Address 9802 THUNDERHILL CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City GREAT FALLS State VA Zip Code 22066	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>776.13</td> </tr> </table>	776.13																			
776.13																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) NAHSHON A LITTMAN	<b>Transaction ID:</b> 2009M04L21bpa00095 <b>Date of Disbursement</b>																				
Mailing Address 6617 SEAT PLESENT DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City CAPITOL HEIGHTS State MD Zip Code 20743	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>1109.86</td> </tr> </table>	1109.86																			
1109.86																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>2662.12</td> </tr> </table>	2662.12																			
2662.12																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1892 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NAHSHON A LITTMAN Mailing Address 6617 SEAT PLESENT DR	<b>Transaction ID:</b> 2009M04L21bpa00096 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div>
City State Zip Code CAPITOL HEIGHTS MD 20743 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1109.85</div>
<b>B.</b> Full Name (Last, First, Middle Initial) AMBER L LYONS Mailing Address 520 JOHN CARLYLE ST City State Zip Code ALEXANDRIA VA 22314 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21bpa00097 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2223.80</div>
<b>C.</b> Full Name (Last, First, Middle Initial) AMBER L LYONS Mailing Address 520 JOHN CARLYLE ST City State Zip Code ALEXANDRIA VA 22314 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21bpa00098 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2223.82</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**5557.47**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1893 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VICTORIA J. MAGUIRE	<b>Transaction ID:</b> 2009M04L21bpa00099 <b>Date of Disbursement</b>																				
Mailing Address 620 9TH STREET SW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20024	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1921.58</td> </tr> </table>	1921.58																			
1921.58																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CATHERINE R MARCUCCI	<b>Transaction ID:</b> 2009M04L21bpa00100 <b>Date of Disbursement</b>																				
Mailing Address 2623 13TH STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City WASHINGTON State DC Zip Code 20009	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">979.04</td> </tr> </table>	979.04																			
979.04																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CATHERINE R MARCUCCI	<b>Transaction ID:</b> 2009M04L21bpa00101 <b>Date of Disbursement</b>																				
Mailing Address 2623 13TH STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20009	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">979.04</td> </tr> </table>	979.04																			
979.04																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3879.66**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1894 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DOUGLASS V MAYER	<b>Transaction ID:</b> 2009M04L21bpa00102 <b>Date of Disbursement</b>																				
Mailing Address 1753 REMINGTON COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City CROFTON State MD Zip Code 21114	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1583.88</td> </tr> </table>	1583.88																			
1583.88																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DOUGLASS V MAYER	<b>Transaction ID:</b> 2009M04L21bpa00103 <b>Date of Disbursement</b>																				
Mailing Address 1753 REMINGTON COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City CROFTON State MD Zip Code 21114	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1583.89</td> </tr> </table>	1583.89																			
1583.89																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MERRILL E MC CARTY	<b>Transaction ID:</b> 2009M04L21bpa00104 <b>Date of Disbursement</b>																				
Mailing Address 1336 22ND STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City WASHINGTON State DC Zip Code 20037	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1187.05</td> </tr> </table>	1187.05																			
1187.05																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4354.82**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1895 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MERRILL E MC CARTY	<b>Transaction ID:</b> 2009M04L21bpa00105 <b>Date of Disbursement</b>																				
Mailing Address 1336 22ND STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20037	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1187.06</td> </tr> </table>	1187.06																			
1187.06																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MARTIN CHRISTOPHER MC CONAHAY	<b>Transaction ID:</b> 2009M04L21bpa00106 <b>Date of Disbursement</b>																				
Mailing Address 1254 HALF STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City WASHINGTON State DC Zip Code 20024	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1347.33</td> </tr> </table>	1347.33																			
1347.33																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MARTIN CHRISTOPHER MC CONAHAY	<b>Transaction ID:</b> 2009M04L21bpa00107 <b>Date of Disbursement</b>																				
Mailing Address 1254 HALF STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20024	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1343.11</td> </tr> </table>	1343.11																			
1343.11																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3877.50**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
(check only one)

PAGE 1896 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ANN F MC ENIRY	<b>Transaction ID:</b> 2009M04L21bpa00108 <b>Date of Disbursement</b>																				
Mailing Address 1111 N RANDOLPH ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City ARLINGTON State VA Zip Code 22201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1244.46</td> </tr> </table>	1244.46																			
1244.46																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ANN F MC ENIRY	<b>Transaction ID:</b> 2009M04L21bpa00109 <b>Date of Disbursement</b>																				
Mailing Address 1111 N RANDOLPH ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City ARLINGTON State VA Zip Code 22201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1244.48</td> </tr> </table>	1244.48																			
1244.48																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) KENNETH K MC KAY IV	<b>Transaction ID:</b> 2009M04L21bpa00110 <b>Date of Disbursement</b>																				
Mailing Address 15 BATES AVENUE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City NORTH KINGSTOWN State RI Zip Code 02852	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">6389.69</td> </tr> </table>	6389.69																			
6389.69																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**8878.63**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1897 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ALLISON M MEYERS	<b>Transaction ID:</b> 2009M04L21bpa00111 <b>Date of Disbursement</b>
Mailing Address 3020 DENT PLACE NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20007	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL	<div>1980.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) ALLISON M MEYERS	<b>Transaction ID:</b> 2009M04L21bpa00112 <b>Date of Disbursement</b>
Mailing Address 3020 DENT PLACE NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20007	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL	<div>1433.53</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) MAURICE M MIDDLETON	<b>Transaction ID:</b> 2009M04L21bpa00113 <b>Date of Disbursement</b>
Mailing Address 1526 CONSTITUTION	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL	<div>381.25</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

3794.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1898 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MAURICE M MIDDLETON Mailing Address 1526 CONSTITUTION	<b>Transaction ID:</b> 2009M04L21bpa00114 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>520.49</div>
<b>B.</b> Full Name (Last, First, Middle Initial) TERRY SCOTT MORRIS Mailing Address 3731 JENIFER ST NW City WASHINGTON State DC Zip Code 20015 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21bpa00115 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>3515.65</div>
<b>C.</b> Full Name (Last, First, Middle Initial) JOAN NEGRONI Mailing Address 2003 ANNIES WAY City VIENNA State VA Zip Code 22182 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21bpa00116 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>899.63</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

4935.77

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1900 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MICHAEL P OMEGNA	<b>Transaction ID:</b> 2009M04L21bpa00120 <b>Date of Disbursement</b>																				
Mailing Address 5415 CONN AVE NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City WASHINGTON State DC Zip Code 20015	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1022.54</td> </tr> </table>	1022.54																			
1022.54																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL P OMEGNA	<b>Transaction ID:</b> 2009M04L21bpa00121 <b>Date of Disbursement</b>																				
Mailing Address 5415 CONN AVE NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20015	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1022.55</td> </tr> </table>	1022.55																			
1022.55																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) FRANCES M. PARKER	<b>Transaction ID:</b> 2009M04L21bpa00122 <b>Date of Disbursement</b>																				
Mailing Address 14128 GRAND PRE RD.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City SILVER SPRING State MD Zip Code 20906	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1223.91</td> </tr> </table>	1223.91																			
1223.91																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3269.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1901 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FRANCES M. PARKER	<b>Transaction ID:</b> 2009M04L21bpa00123 <b>Date of Disbursement</b>																				
Mailing Address 14128 GRAND PRE RD.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City SILVER SPRING State MD Zip Code 20906	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1219.01</td> </tr> </table>	1219.01																			
1219.01																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) BRIAN C PATRICK	<b>Transaction ID:</b> 2009M04L21bpa00124 <b>Date of Disbursement</b>																				
Mailing Address 2782 SIKES CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City FALLS CHURCH State VA Zip Code 22043	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1272.65</td> </tr> </table>	1272.65																			
1272.65																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) BRIAN C PATRICK	<b>Transaction ID:</b> 2009M04L21bpa00125 <b>Date of Disbursement</b>																				
Mailing Address 1534 16TH RD NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City ARLINGTON State VA Zip Code 22209	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1272.65</td> </tr> </table>	1272.65																			
1272.65																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>3764.31</td> </tr> </table>	3764.31																			
3764.31																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1902 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ELIZABETH W PEARCE	<b>Transaction ID:</b> 2009M04L21bpa00126 <b>Date of Disbursement</b>																				
Mailing Address 3401 RUSSELL ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22305 Purpose of Disbursement PAYROLL Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1</td><td>6</td><td>4</td><td>6</td><td>.</td><td>7</td><td>8</td> </tr> </table>	1	6	4	6	.	7	8													
1	6	4	6	.	7	8															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) ELIZABETH W PEARCE	<b>Transaction ID:</b> 2009M04L21bpa00127 <b>Date of Disbursement</b>																				
Mailing Address 3401 RUSSELL ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22305 Purpose of Disbursement PAYROLL Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>3</td><td>5</td><td>6</td><td>8</td><td>.</td><td>1</td><td>4</td> </tr> </table>	3	5	6	8	.	1	4													
3	5	6	8	.	1	4															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) DANIEL C PERKINS	<b>Transaction ID:</b> 2009M04L21bpa00128 <b>Date of Disbursement</b>																				
Mailing Address 403 ROLAND ST SW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City VIENNA State VA Zip Code 22180 Purpose of Disbursement PAYROLL Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>3</td><td>2</td><td>1</td><td>6</td><td>.</td><td>8</td><td>0</td> </tr> </table>	3	2	1	6	.	8	0													
3	2	1	6	.	8	0															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**8431.72**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1903 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DANIEL C PERKINS Mailing Address 403 ROLAND ST SW	<b>Transaction ID:</b> 2009M04L21bpa00129 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div>
City VIENNA State VA Zip Code 22180 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>3205.95</div>
<b>B.</b> Full Name (Last, First, Middle Initial) TREVOR K PERSON Mailing Address 42 ALSACE COURT City LITTLE ROCK State AR Zip Code 72223 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21bpa00130 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>3156.94</div>
<b>C.</b> Full Name (Last, First, Middle Initial) TREVOR K PERSON Mailing Address 42 ALSACE COURT City LITTLE ROCK State AR Zip Code 72223 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21bpa00131 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>3146.87</div>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>9509.76</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1904 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ENRICO PICCININI	<b>Transaction ID:</b> 2009M04L21bpa00132 <b>Date of Disbursement</b>																				
Mailing Address 6031 HEATHERWOOD DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22310	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1473.83</td> </tr> </table>	1473.83																			
1473.83																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ENRICO PICCININI	<b>Transaction ID:</b> 2009M04L21bpa00133 <b>Date of Disbursement</b>																				
Mailing Address 6031 HEATHERWOOD DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22310	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2148.53</td> </tr> </table>	2148.53																			
2148.53																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ANDREW F POLESOUSKY	<b>Transaction ID:</b> 2009M04L21bpa00134 <b>Date of Disbursement</b>																				
Mailing Address 640 BRAHLER LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City MAUMEE State OH Zip Code 43537	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1225.12</td> </tr> </table>	1225.12																			
1225.12																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4847.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1905 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ANDREW F POLESOUSKY Mailing Address 640 BRAHLER LANE	<b>Transaction ID:</b> 2009M04L21bpa00135 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div>
City MAUMEE State OH Zip Code 43537 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1225.13</div>
<b>B.</b> Full Name (Last, First, Middle Initial) GENE R PREZOCKI Mailing Address 10808 ANTIGUA TERR City ROCKVILLE State MD Zip Code 20852 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21bpa00136 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1726.30</div>
<b>C.</b> Full Name (Last, First, Middle Initial) GENE R PREZOCKI Mailing Address 10808 ANTIGUA TERR City ROCKVILLE State MD Zip Code 20852 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21bpa00137 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1718.18</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**4669.61**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1906 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DEEPAK RAMNATH	<b>Transaction ID:</b> 2009M04L21bpa00138 <b>Date of Disbursement</b>																				
Mailing Address 3000 WASHINGTON BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City ARLINGTON State VA Zip Code 22201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>1336.15</td> </tr> </table>	1336.15																			
1336.15																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DEEPAK RAMNATH	<b>Transaction ID:</b> 2009M04L21bpa00139 <b>Date of Disbursement</b>																				
Mailing Address 3000 WASHINGTON BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City ARLINGTON State VA Zip Code 22201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>1336.15</td> </tr> </table>	1336.15																			
1336.15																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) RACHEL C REA	<b>Transaction ID:</b> 2009M04L21bpa00140 <b>Date of Disbursement</b>																				
Mailing Address 101 E MT ROYAL AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City BALTIMORE State MD Zip Code 21202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>1118.25</td> </tr> </table>	1118.25																			
1118.25																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3790.55**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1907 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) RACHEL C REA Mailing Address 101 E MT ROYAL AVE	<b>Transaction ID:</b> 2009M04L21bpa00141 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div>
City BALTIMORE State MD Zip Code 21202 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1118.25</div>
<b>B.</b> Full Name (Last, First, Middle Initial) SHANNON F REEVES Mailing Address 605 CLARIDEN RANCH City SOUTHLAKE State TX Zip Code 76092 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21bpa00142 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2300.83</div>
<b>C.</b> Full Name (Last, First, Middle Initial) SHANNON F REEVES Mailing Address 605 CLARIDEN RANCH City SOUTHLAKE State TX Zip Code 76092 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L21bpa00143 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2295.02</div>
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>5714.10</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1908 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) TASHA E. REID	<b>Transaction ID:</b> 2009M04L21bpa00144 <b>Date of Disbursement</b>																				
Mailing Address 4803 SOUTH DAKOTA	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City WASHINGTON State DC Zip Code 20017	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1209.43</td> </tr> </table>	1209.43																			
1209.43																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) TASHA E. REID	<b>Transaction ID:</b> 2009M04L21bpa00145 <b>Date of Disbursement</b>																				
Mailing Address 4803 SOUTH DAKOTA	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20017	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1206.39</td> </tr> </table>	1206.39																			
1206.39																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) THOMAS J ROBERTS	<b>Transaction ID:</b> 2009M04L21bpa00146 <b>Date of Disbursement</b>																				
Mailing Address 7815A HARROWGATE CIR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City SPRINGFIELD State VA Zip Code 22152	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1994.82</td> </tr> </table>	1994.82																			
1994.82																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">4410.64</td> </tr> </table>	4410.64																			
4410.64																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1909 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) THOMAS J ROBERTS	<b>Transaction ID:</b> 2009M04L21bpa00147 <b>Date of Disbursement</b>																				
Mailing Address 7815A HARROWGATE CIR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City SPRINGFIELD State VA Zip Code 22152	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1994.82</td> </tr> </table>	1994.82																			
1994.82																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DAVID A ROMAN	<b>Transaction ID:</b> 2009M04L21bpa00148 <b>Date of Disbursement</b>																				
Mailing Address 15023 OAK CREST CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City MONTCLAIR State VA Zip Code 22025	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1136.34</td> </tr> </table>	1136.34																			
1136.34																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DAVID A ROMAN	<b>Transaction ID:</b> 2009M04L21bpa00149 <b>Date of Disbursement</b>																				
Mailing Address 15023 OAK CREST CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City MONTCLAIR State VA Zip Code 22025	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1136.34</td> </tr> </table>	1136.34																			
1136.34																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4267.50**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1910 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SARA C ROSE	<b>Transaction ID:</b> 2009M04L21bpa00150 <b>Date of Disbursement</b>																				
Mailing Address 500 MONTICELLO BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
<table border="1"> <tr> <td>City ALEXANDRIA</td> <td>State VA</td> <td>Zip Code 22305</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PAYROLL</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City ALEXANDRIA	State VA	Zip Code 22305	Purpose of Disbursement PAYROLL		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1951.07</td> </tr> </table>	1951.07											
City ALEXANDRIA	State VA	Zip Code 22305																			
Purpose of Disbursement PAYROLL		<input type="text"/> Category/ Type																			
Candidate Name																					
1951.07																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td>Disbursement For:</td> <td> <input type="checkbox"/> Primary  <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:															
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				
<b>B.</b> Full Name (Last, First, Middle Initial) SARA C ROSE	<b>Transaction ID:</b> 2009M04L21bpa00151 <b>Date of Disbursement</b>																				
Mailing Address 500 MONTICELLO BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
<table border="1"> <tr> <td>City ALEXANDRIA</td> <td>State VA</td> <td>Zip Code 22305</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PAYROLL</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City ALEXANDRIA	State VA	Zip Code 22305	Purpose of Disbursement PAYROLL		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1951.08</td> </tr> </table>	1951.08											
City ALEXANDRIA	State VA	Zip Code 22305																			
Purpose of Disbursement PAYROLL		<input type="text"/> Category/ Type																			
Candidate Name																					
1951.08																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td>Disbursement For:</td> <td> <input type="checkbox"/> Primary  <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:															
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				
<b>C.</b> Full Name (Last, First, Middle Initial) JAMES M ROWLEY	<b>Transaction ID:</b> 2009M04L21bpa00152 <b>Date of Disbursement</b>																				
Mailing Address 1812 NORTH HOWARD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
<table border="1"> <tr> <td>City ALEXANDRIA</td> <td>State VA</td> <td>Zip Code 22304</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PAYROLL</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City ALEXANDRIA	State VA	Zip Code 22304	Purpose of Disbursement PAYROLL		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>3623.75</td> </tr> </table>	3623.75											
City ALEXANDRIA	State VA	Zip Code 22304																			
Purpose of Disbursement PAYROLL		<input type="text"/> Category/ Type																			
Candidate Name																					
3623.75																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td>Disbursement For:</td> <td> <input type="checkbox"/> Primary  <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:															
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**7525.90**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1911 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JAMES M ROWLEY	<b>Transaction ID:</b> 2009M04L21bpa00153 <b>Date of Disbursement</b>																				
Mailing Address 1812 NORTH HOWARD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22304	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3607.74</td> </tr> </table>	3607.74																			
3607.74																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) PATRICK V ROYAL	<b>Transaction ID:</b> 2009M04L21bpa00154 <b>Date of Disbursement</b>																				
Mailing Address 3511 DAVENPORT ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City WASHINGTON State DC Zip Code 20008	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2188.07</td> </tr> </table>	2188.07																			
2188.07																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PATRICK V ROYAL	<b>Transaction ID:</b> 2009M04L21bpa00155 <b>Date of Disbursement</b>																				
Mailing Address 3511 DAVENPORT ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20008	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2188.07</td> </tr> </table>	2188.07																			
2188.07																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**7983.88**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1912 / 1940

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ANGELA R SAILOR	<b>Transaction ID:</b> 2009M04L21bpa00156 <b>Date of Disbursement</b>
Mailing Address 14321 DOWDEN DOWN	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div>
City HAYMARKET State VA Zip Code 20169	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL	<div>4079.98</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) ANGELA R SAILOR	<b>Transaction ID:</b> 2009M04L21bpa00157 <b>Date of Disbursement</b>
Mailing Address 14321 DOWDEN DOWN	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div>
City HAYMARKET State VA Zip Code 20169	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL	<div>4477.61</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) GERI B SANDERS	<b>Transaction ID:</b> 2009M04L21bpa00158 <b>Date of Disbursement</b>
Mailing Address 5905 TAYLOR ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div>
City RIVERDALE State MD Zip Code 20737	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL	<div>1624.72</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

10182.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 1913 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) GERI B SANDERS	<b>Transaction ID:</b> 2009M04L21bpa00159 <b>Date of Disbursement</b>																				
Mailing Address 5905 TAYLOR ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City RIVERDALE State MD Zip Code 20737	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1617.75</td> </tr> </table>	1617.75																			
1617.75																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) GORDON K SCHOEPFLE	<b>Transaction ID:</b> 2009M04L21bpa00160 <b>Date of Disbursement</b>																				
Mailing Address 6520 CHESTERFIELD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City MC LEAN State VA Zip Code 22101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2594.15</td> </tr> </table>	2594.15																			
2594.15																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) GORDON K SCHOEPFLE	<b>Transaction ID:</b> 2009M04L21bpa00161 <b>Date of Disbursement</b>																				
Mailing Address 6520 CHESTERFIELD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City MC LEAN State VA Zip Code 22101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2585.06</td> </tr> </table>	2585.06																			
2585.06																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**6796.96**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1914 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MICHAEL CHRISTOPHER SCOTT	<b>Transaction ID:</b> 2009M04L21bpa00162 <b>Date of Disbursement</b>																				
Mailing Address 2111 JEFFERSON DAVIS	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1944.31</td> </tr> </table>	1944.31																			
1944.31																					
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<b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL CHRISTOPHER SCOTT	<b>Transaction ID:</b> 2009M04L21bpa00163 <b>Date of Disbursement</b>																				
Mailing Address 2111 JEFFERSON DAVIS	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1944.31</td> </tr> </table>	1944.31																			
1944.31																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) RITA CATHARINE SECOR	<b>Transaction ID:</b> 2009M04L21bpa00164 <b>Date of Disbursement</b>																				
Mailing Address 5970 TRUMAN MANOR PL	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City WALDORF State MD Zip Code 20601	<b>Amount of Each Disbursement this Period</b>																				
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3077.57																					
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**SUBTOTAL** of Disbursements This Page (optional) .....

6966.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1915 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) RITA CATHARINE SECOR	<b>Transaction ID:</b> 2009M04L21bpa00165 <b>Date of Disbursement</b>																				
Mailing Address 5970 TRUMAN MANOR PL	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City WALDORF State MD Zip Code 20601	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3064.51</td> </tr> </table>	3064.51																			
3064.51																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JENNIFER H SHEEHAN	<b>Transaction ID:</b> 2009M04L21bpa00166 <b>Date of Disbursement</b>																				
Mailing Address 1341 CORCORAN ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City WASHINGTON State DC Zip Code 20009	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2423.77</td> </tr> </table>	2423.77																			
2423.77																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JENNIFER H SHEEHAN	<b>Transaction ID:</b> 2009M04L21bpa00167 <b>Date of Disbursement</b>																				
Mailing Address 1341 CORCORAN ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20009	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2411.02</td> </tr> </table>	2411.02																			
2411.02																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**7899.30**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1916 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ANTOINE D SHORT	<b>Transaction ID:</b> 2009M04L21bpa00168 <b>Date of Disbursement</b>																				
Mailing Address 13003 JACKSON DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City FT WASHINGTON State MD Zip Code 20744	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">958.99</td> </tr> </table>	958.99																			
958.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ANTOINE D SHORT	<b>Transaction ID:</b> 2009M04L21bpa00169 <b>Date of Disbursement</b>																				
Mailing Address 13003 JACKSON DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City FT WASHINGTON State MD Zip Code 20744	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">958.97</td> </tr> </table>	958.97																			
958.97																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) HEATHER L SIDWELL	<b>Transaction ID:</b> 2009M04L21bpa00170 <b>Date of Disbursement</b>																				
Mailing Address 3731 JENIFER ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City WASHINGTON State DC Zip Code 20015	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2770.64</td> </tr> </table>	2770.64																			
2770.64																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4688.60**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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PAGE 1917 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) HEATHER L SIDWELL	<b>Transaction ID:</b> 2009M04L21bpa00171 <b>Date of Disbursement</b>																				
Mailing Address 3535 SOUTH BALL ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2787.31</td> </tr> </table>	2787.31																			
2787.31																					
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<b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL S STEELE	<b>Transaction ID:</b> 2009M04L21bpa00172 <b>Date of Disbursement</b>																				
Mailing Address 16606 PLEASANT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City UPPER MARLBORO State MD Zip Code 20774	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">4990.18</td> </tr> </table>	4990.18																			
4990.18																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL S STEELE	<b>Transaction ID:</b> 2009M04L21bpa00173 <b>Date of Disbursement</b>																				
Mailing Address 16606 PLEASANT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City UPPER MARLBORO State MD Zip Code 20774	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">4990.18</td> </tr> </table>	4990.18																			
4990.18																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

12767.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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PAGE 1918 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) WILLIAM L STEINER	<b>Transaction ID:</b> 2009M04L21bpa00174 <b>Date of Disbursement</b>																				
Mailing Address 610 N WEST STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4198.43</td> </tr> </table>	4198.43																			
4198.43																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) WILLIAM L STEINER	<b>Transaction ID:</b> 2009M04L21bpa00175 <b>Date of Disbursement</b>																				
Mailing Address 610 N WEST STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4198.43</td> </tr> </table>	4198.43																			
4198.43																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DAVID D THOMAS	<b>Transaction ID:</b> 2009M04L21bpa00176 <b>Date of Disbursement</b>																				
Mailing Address 19600 AQUASCO RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City AQUASCO State MD Zip Code 20608	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2162.93</td> </tr> </table>	2162.93																			
2162.93																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

10559.79

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1920 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JONATHAN DAVID THOMPSON	<b>Transaction ID:</b> 2009M04L21bpa00180 <b>Date of Disbursement</b>																				
Mailing Address 1000 NEW JERSEY AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>958.71</td> </tr> </table>	958.71																			
958.71																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) JONATHAN DAVID THOMPSON	<b>Transaction ID:</b> 2009M04L21bpa00181 <b>Date of Disbursement</b>																				
Mailing Address 1000 NEW JERSEY AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>958.71</td> </tr> </table>	958.71																			
958.71																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) TODD S VAN ETEN	<b>Transaction ID:</b> 2009M04L21bpa00182 <b>Date of Disbursement</b>																				
Mailing Address 1425 S. EADS ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City ARLINGTON State VA Zip Code 22202 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1406.76</td> </tr> </table>	1406.76																			
1406.76																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>3324.18</td> </tr> </table>	3324.18																			
3324.18																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>																				

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1922 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BRADLEY J WALP	<b>Transaction ID:</b> 2009M04L21bpa00186 <b>Date of Disbursement</b>																				
Mailing Address 6940 FAIRFAX DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City ARLINGTON State VA Zip Code 22213	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1768.06</td> </tr> </table>	1768.06																			
1768.06																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) BRADLEY J WALP	<b>Transaction ID:</b> 2009M04L21bpa00187 <b>Date of Disbursement</b>																				
Mailing Address 6940 FAIRFAX DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City ARLINGTON State VA Zip Code 22213	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1760.61</td> </tr> </table>	1760.61																			
1760.61																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) LORI ANN WEBERG	<b>Transaction ID:</b> 2009M04L21bpa00188 <b>Date of Disbursement</b>																				
Mailing Address 320 23RD STREET S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">966.65</td> </tr> </table>	966.65																			
966.65																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4495.32**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1923 / 1940

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) LORI ANN WEBERG	<b>Transaction ID:</b> 2009M04L21bpa00189 <b>Date of Disbursement</b>																				
Mailing Address 320 23RD STREET S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1247.16</td> </tr> </table>	1247.16																			
1247.16																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) LINDSEY ANN WILLIAMS DRATH	<b>Transaction ID:</b> 2009M04L21bpa00190 <b>Date of Disbursement</b>																				
Mailing Address 4201 CATHEDRAL AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20016	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4297.26</td> </tr> </table>	4297.26																			
4297.26																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CAITLIN E WOHLFARTH	<b>Transaction ID:</b> 2009M04L21bpa00191 <b>Date of Disbursement</b>																				
Mailing Address 2208 40TH PLACE NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City WASHINGTON State DC Zip Code 20007	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1154.81</td> </tr> </table>	1154.81																			
1154.81																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**6699.23**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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PAGE 1925 / 1940

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FLS CONNECT, LLC	<b>Transaction ID:</b> 2009M04L22tr00001 <b>Date of Disbursement</b>
Mailing Address 7300 HUDSON BLVD SUITE 270	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City SAINT PAUL State MN Zip Code 55128	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement IN-KIND PHONING	<div>67.99</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) MAIN REPUBLICAN PARTY	<b>Transaction ID:</b> 2009M04L22tr00001m <b>Date of Disbursement</b>
Mailing Address 76 SILVER STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City WATERVILLE State ME Zip Code 04901	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement IN-KIND PHONING	<div>67.99</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) FLS CONNECT, LLC	<b>Transaction ID:</b> 2009M04L22tr00002 <b>Date of Disbursement</b>
Mailing Address 7300 HUDSON BLVD SUITE 270	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City SAINT PAUL State MN Zip Code 55128	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement IN-KIND PHONING	<div>15.24</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**83.23**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
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PAGE 1926 / 1940

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NEVADA REP ST CTRL COMM	<b>Transaction ID:</b> 2009M04L22tr00002m <b>Date of Disbursement</b>
Mailing Address 8625 WEST SAHARA AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City LAS VEGAS State NV Zip Code 89117	<b>Amount of Each Disbursement this Period</b> <div>15.24</div>
Purpose of Disbursement IN-KIND PHONING Candidate Name	<div> <div>Category/Type</div> <div>[MEMO ITEM]</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) FLS CONNECT, LLC	<b>Transaction ID:</b> 2009M04L22tr00003 <b>Date of Disbursement</b>
Mailing Address 7300 HUDSON BLVD SUITE 270	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City SAINT PAUL State MN Zip Code 55128	<b>Amount of Each Disbursement this Period</b> <div>658.88</div>
Purpose of Disbursement IN-KIND PHONING Candidate Name	<div> <div>Category/Type</div> <div>[MEMO ITEM]</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) WASHINGTON REPUBLICAN PARTY	<b>Transaction ID:</b> 2009M04L22tr00003m <b>Date of Disbursement</b>
Mailing Address 2840 NORTHUP WAY, SUITE 140	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City B ELLEVUE State WA Zip Code 98004	<b>Amount of Each Disbursement this Period</b> <div>658.88</div>
Purpose of Disbursement IN-KIND PHONING Candidate Name	<div> <div>Category/Type</div> <div>[MEMO ITEM]</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

658.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NEW YORK REP ST COMM Mailing Address 315 STATE STREET	<b>Transaction ID:</b> 2009M04L22tr00004 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 0 / 2 0 0 9</div> </div>
City ALBANY State NY Zip Code 12210 Purpose of Disbursement TRANSFER Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>25000.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) NEW YORK REP ST COMM Mailing Address 315 STATE STREET City ALBANY State NY Zip Code 12210 Purpose of Disbursement TRANSFER Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L22tr00005 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 3 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>9000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) NEW YORK REP ST COMM Mailing Address 315 STATE STREET City ALBANY State NY Zip Code 12210 Purpose of Disbursement TRANSFER Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L22tr00006 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 3 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>100000.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**134000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NEW YORK REP ST COMM	<b>Transaction ID:</b> 2009M04L22tr00007 <b>Date of Disbursement</b>
Mailing Address 315 STATE STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 6 / 2 0 0 9</div> </div>
City ALBANY State NY Zip Code 12210	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRANSFER	<div>100000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) NRSC	<b>Transaction ID:</b> 2009M04L22tr00008 <b>Date of Disbursement</b>
Mailing Address 425 SECOND STREET NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRANSFER	<div>1000000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) NRCC	<b>Transaction ID:</b> 2009M04L22tr00009 <b>Date of Disbursement</b>
Mailing Address 320 FIRST STREET SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRANSFER	<div>1000000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

2100000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NEW YORK REP ST COMM	<b>Transaction ID:</b> 2009M04L22tr00010 <b>Date of Disbursement</b>
Mailing Address 315 STATE STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 0 9</div> </div>
City ALBANY State NY Zip Code 12210	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement VOID-ISSUED IN ERROR 3/20/2009	<div>-25000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) REPUBLICAN STAT CMTE OF DE	<b>Transaction ID:</b> 2009M04L22tr00011 <b>Date of Disbursement</b>
Mailing Address 3301 LANCASTER PIKE SUITE 4B	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 7 / 2 0 0 9</div> </div>
City WILMINGTON State DE Zip Code 19805	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement OFF SET INKIND LINE 22	<div>281.25</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) SOUTH DAKOTA REPUBLICAN PARTY	<b>Transaction ID:</b> 2009M04L22tr00012 <b>Date of Disbursement</b>
Mailing Address 42482 GOLFVIEW DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City BRITTON State SD Zip Code 57430	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement REFUND	<div>80.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

-24638.75

**TOTAL** This Period (last page this line number only) .....

2210103.36

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TEDISCO FOR CONGRESS INC

Mailing Address 1707 RT 9

City  
CLIFTON PARK

State  
NY

Zip Code  
12065

Purpose of Disbursement

Candidate Name  
JAMES N TEDISCO

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2009  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: NY District: 20

Transaction ID: 2009M04L23fc00001

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

2000.00

**SCHEDULE F (FEC Form 3X)**
**ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 1931 / 1940

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) REPUBLICAN NATIONAL COMMITTEE			
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Full Name of Subordinate Committee REPUBLICAN NATIONAL COMMITTEE	
If YES, name the designating committee:		Mailing Address 310 1ST ST SE	
		City WASHINGTON	State DC      ZIP Code 20003
Full Name (Last, First, Middle Initial) of Each Payee DIRECT RESPONSE GROUP LLC		Purpose of Expenditure PRES COORDINATED - VENDOR CREDIT Category/Type	
Mailing Address 2340 E BEARDSLEY ROAD      SUITE 100		11/14/2008 Disb. \$208843.- 84 invoices totaling \$180- 35.20 Billed in Error Ven- dor Credit	
City PHOENIX	State DC	ZIP Code 85024	
Name of Federal Candidate Supported JOHN S MCCAIN	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Presidential	State: <u>AZ</u> District: <u>00</u>	
Aggregate General Election Expenditure for this Candidate ►		Amount -18035.20 Transaction ID: 2009M04L25ce00001	
18931836.84			

SUBTOTAL of Expenditures This Page (optional) .....

-18035.20

TOTAL This Period (last page this line number only) .....

-18035.20





# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SUSAN FLYNN	<b>Transaction ID:</b> 2009M04L28ari00001 <b>Date of Disbursement</b>
Mailing Address 3541 CORTE ESPERANZA	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City CARLSBAD State CA Zip Code 92009	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement REFUND	<div> <div></div> <div>300.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) MS MARIA A LITTLETON	<b>Transaction ID:</b> 2009M04L28ari00002 <b>Date of Disbursement</b>
Mailing Address 36 PROSPECT STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City BELMONT State MA Zip Code 02478	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement REFUND	<div> <div></div> <div>35.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) MR WILLARD A MCGRAW	<b>Transaction ID:</b> 2009M04L28ari00003 <b>Date of Disbursement</b>
Mailing Address 6305 BARDU AVENUE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City SPRINGFIELD State VA Zip Code 22152	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement REFUND	<div> <div></div> <div>100.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**435.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MR JAMES B DRIVER	<b>Transaction ID:</b> 2009M04L28ari00004 <b>Date of Disbursement</b>
Mailing Address 1290 SHILOH ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City LAFAYETTE State TN Zip Code 37083	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement REFUND	<div>200.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) MR WALT PALMIERI	<b>Transaction ID:</b> 2009M04L28ari00005 <b>Date of Disbursement</b>
Mailing Address 6764 SCHUYLER ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City EAST SYRACUSE State NY Zip Code 13057	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement REFUND	<div>300.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) MR OLIVER T CARR	<b>Transaction ID:</b> 2009M04L28ari00006 <b>Date of Disbursement</b>
Mailing Address 6037 RIDGE DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City BETHESDA State MD Zip Code 20816	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement REFUND-OVER FEDERAL LIMIT 2008	<div>5210.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

5710.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MR JOHN D CURTIS Mailing Address 570 MANOR ROAD	<b>Transaction ID:</b> 2009M04L28ari00007 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City MAITLAND State FL Zip Code 32751 Purpose of Disbursement REFUND-OVER FEDERAL LIMIT 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>23800.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) MR ARMAND C DELLOVADE Mailing Address 108 CAVASINA DRIVE City CANONSBURG State PA Zip Code 15317 Purpose of Disbursement REFUND-OVER FEDERAL LIMIT 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L28ari00008 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>3000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) MR J THOMAS DODSON Mailing Address 75 PONTE VEDRA BLVD City PONTE VEDRA BEACH State FL Zip Code 32082 Purpose of Disbursement REFUND-OVER FEDERAL LIMIT 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2009M04L28ari00009 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>27800.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MR JAMES R HEISTAND</b> Mailing Address <b>512 E WASHINGTON STREET</b>	<b>Transaction ID:</b> 2009M04L28ari00010 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City <b>ORLANDO</b> State <b>FL</b> Zip Code <b>32801</b> Purpose of Disbursement <b>REFUND-OVER FEDERAL LIMIT 2008</b> Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> State: District:	<b>Amount of Each Disbursement this Period</b> <div>2500.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>KYLE A MCGRAW HOLDINGS LTD</b> Mailing Address <b>3004 BLUEBIRD</b>	<b>Transaction ID:</b> 2009M04L28ari00011 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City <b>MIDLAND</b> State <b>TX</b> Zip Code <b>79705</b> Purpose of Disbursement <b>REFUNDED- INSUFFICIENT DONOR INFORMATION</b> Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> State: District:	<b>Amount of Each Disbursement this Period</b> <div>5000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MR STEPHEN L WAY</b> Mailing Address <b>7941 KATY FWY #529</b>	<b>Transaction ID:</b> 2009M04L28ari00012 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City <b>HOUSTON</b> State <b>TX</b> Zip Code <b>77024</b> Purpose of Disbursement <b>REFUND-OVER FEDERAL LIMIT 2008</b> Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> State: District:	<b>Amount of Each Disbursement this Period</b> <div>5000.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**12500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MR J WAYNE WEAVER	<b>Transaction ID:</b> 2009M04L28ari00013 <b>Date of Disbursement</b>
Mailing Address 2358 RIVERSIDE AVENUE UNITS 1005 & 1006	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City JACKSONVILLE State FL Zip Code 32204	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement REFUND-OVER FEDERAL LIMIT 2008	<div>6500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) EENHOORN LLC	<b>Transaction ID:</b> 2009M04L28ari00014 <b>Date of Disbursement</b>
Mailing Address 2680 HORIZON DR SE SUITE C	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City GRAND RAPIDS State MI Zip Code 49546	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement REFUNDED- INSUFFICIENT DONOR INFORMATION	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) CASKEY DRYWALL LLC	<b>Transaction ID:</b> 2009M04L28ari00015 <b>Date of Disbursement</b>
Mailing Address 124 DESERT WILLWO WAY	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City AUSTIN State TX Zip Code 78737	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement REFUNDED- INSUFFICIENT DONOR INFORMATION	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

12000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MR ALEXANDER HAAGEN	<b>Transaction ID:</b> 2009M04L28ari00016 <b>Date of Disbursement</b>																				
Mailing Address 898 NORTH SEPULVEDA SUITE 400	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	0	9												
City EL SEGUNDO State CA Zip Code 90245	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement REFUND-OVER FEDERAL LIMIT 2008	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MR CHRISTIAN L OBERBECK	<b>Transaction ID:</b> 2009M04L28ari00017 <b>Date of Disbursement</b>																				
Mailing Address 2 MACPHERSON DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	0	9												
City GREENWICH State CT Zip Code 06803	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OVER FEDERAL LIMIT	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MR CHRISTIAN L OBERBECK	<b>Transaction ID:</b> 2009M04L28ari00018 <b>Date of Disbursement</b>																				
Mailing Address 2 MACPHERSON DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	0	9												
City GREENWICH State CT Zip Code 06803	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OVER FEDERAL LIMIT	<table border="1"> <tr> <td colspan="10">-1000.00</td> </tr> </table>	-1000.00																			
-1000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SUE SHEKUT	<b>Transaction ID:</b> 2009M04L28ari00019 <b>Date of Disbursement</b>
Mailing Address 2314 W SUPERIOR #3E	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City CHICAGO State IL Zip Code 60612	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement REFUND	<div>150.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) MR MIKHAIL GORETOY	<b>Transaction ID:</b> 2009M04L28ari00020 <b>Date of Disbursement</b>
Mailing Address 1414 REQUA ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City CHERRYVILLE State NC Zip Code 28021	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement REFUND	<div>100.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) MR & MRS EDGAR R NORWOOD	<b>Transaction ID:</b> 2009M04L28ari00022 <b>Date of Disbursement</b>
Mailing Address 340 MAIN	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 0 / 2 0 0 9</div> </div>
City LIBERTY State TX Zip Code 77575	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement REFUND	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

60195.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CROSSROADS HOUSE

Mailing Address PO BOX 403

City  
BATAVIA

State  
NY

Zip Code  
14021

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2009M04L29od00001

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

100.00